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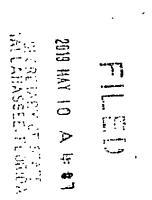
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor		, •	
	ALITY AND INVESTMENTS	s, LLC	
SOBJEAT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTRINA BIRCH		
		Name of Person	
		Firm/Company	
	6301 NORTH UNIVERSI	TY DRIVE APT# 203	
	TAMARAC, FL. 33321	Address	
	ANTRINA27@GMAIL.CC	City/State and Zip Code 0M	
	E-mail address: (to be used for future annual report notifi	cation)
For further information e	concerning this matter, please ea	ıll:	
ANTRINA BIRCH		954 599-4003 at ()	
Name e	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIRCH REALTY AND INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on or the Limited Liability Company)

	タミミンRETARY GRIETATE is ty Company were filed on 01/17/20ASEAHASSEELELDRICAssigned
Florida document number 1,19000019297	
This amendment is submitted to amend the following	gʻ.
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	*Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET AI	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VIVALEE HO-YEN	2920 HARLOW LANE DECATUR, GA. 30034	
			□ Remove
			☐ Change
•			
			☐ Remove
			☐ Change
			Add
			□ Remove
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
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			□ Remove

THANK YOU				
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. <u></u>				
	05/07/2019			
tive date, if other than the date	of filing:		(optional)	
Tective date is listed, the date must be sp If the date inserted in this block do	eific and cannot be prior to export meet the applicabl	date of filing or more than le statutory filing requi	90 days after filing.) Pursuan rements, this date will not	a to 605,0201 be listed as
nent's effective date on the Departm	ent of State's records.			
cord specifies a delayed effe		an effective time, a	at 12:01 a.m. on the	earlier o
e 90th day after the record is	i filed.			
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(dad)	Ol			
Signa	ure of a member or authorize	red representative of a me	and are	

Page 3 of 3

Filing Fee: \$25.00