

L190000 19297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

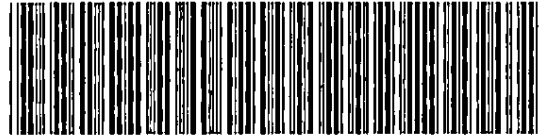
(Business Entity Name)

(Document Number)

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R. WHITE

DEC 14 2019

2019 11 18 AM 10:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Birch Realty and Investments, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antrina Birch
Name of Person

Birch Realty
Firm/Company

5604 Bayberry Lane
Address

TAMARAC, FL 33319
City/State and Zip Code

Antrina27@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antrina Birch at 954-599-4003
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

STREET/COURIER ADDRESS:
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 2019 181 PM 10:49
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/17/2019 and assigned Florida document number L19000019297

This amendment is submitted to amend the following:

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 ADDRESS)

5604 Bayberry Lane
TAMARAC, FL
33319

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5604 Bayberry Lane
TAMARAC, FL
33319

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Antrina Birch

New Registered Office Address:

5604 Bayberry Lane
Enter Florida street address

TAMARAC Florida 33319
City Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vivalee Ho-yen	2970 Harlow Lane	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Decatur, Ga 30034	<input type="checkbox"/> Change
MGR	Sandra Martin	3120 Holiday Springs Blvd	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Margate, FL 33063	<input type="checkbox"/> Change
MGR	Antrina Birch	5604 Bayberry Lane	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Tamarac, FL 33319	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 11/11/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOV 11th 2019.

Antonia Birch

Signature of a member or authorized representative of a member

Antonia Birch

Typed or printed name of signee