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COVER LETTER

TO: Registration S Division of Co				
Lag Realty	v LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter	<u>-</u>		
	Leonard Gayle			
		Name of Person		
	Lag Realty LLC			
		Firm/Company	-	
	4700 NW 98th Way			
		Address		
	Coral Springs, Florida 330	076		
	160gayle C	City/State and Zip Code Camal to be used for future annual report noti	COM fication)	
For further information of	concerning this matter, please o	all:		
Robert J Nemrow		954 805-7203		C)
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:		، د	
☑\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiting Fees Certificate of Status & Certified Copy (additional copy is enclosed)	1
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAG REALTY, LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 119000027047	were filed on 1/25/19	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the nan	ne of the new	registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	. J	
	Florida	>	
	Florida	Žip Code	
New Registered Agent's Signature, if changing Registered Agent:		24	

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 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>	Address	Type of Action
AMBR	Eleanor Gayle	4700 NW 98 Way	□Add
		Coral Springs, FL 33076	■Remove
			□Change
AMBR	Leonard Gayle	4700 NW 98 Way	■Add
		Coral Springs, FL 33076	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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ective date, if other than the date of filing	z:		(opt	ional)	(1)5 (1)3
n effective date is listed, the date must be specific and tee. If the date inserted in this block does not n	neet the applicab	date of filing or m le statutory filin	are than 90 days afte g requirements, th	is date will no	ant to 005.020 at be listed a
nument's effective date on the Department of S	itate's records.				
cord specifies a delayed effective date, but not	an effective time	e, at 12:01 a.m. (on the earlier of: (b) The 90th	day after th
s filed.					
lune 21	2021				
ted June 21	·	- ·			
Town a	NOX OX				
Signature of a l	meinber or authori	zed representative	of a member		