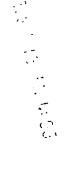
119000045222

(Re	questor's Name)
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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9/3/2/2

COVER LETTER

Div	ision of Corp	porations		
ara mar	Magnate Re	alty Group LLC.		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Robert C. Baker		
			Name of Person	
		Magnate Realty Group LLC	С.	
			Firm/Company	
		1032 NW 23rd Ave.		
			Address	*
		Gainesville, Florida 32609		
			City/State and Zip Code	
		shakethemagnate@gmail.co	on be used for future annual report notif	ne Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
For further i	nformation co	oncerning this matter, please ca		
Robert C. E	laker		352 562-1833	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ailing Addres		<u>Street Address:</u> Registration Sec	ction

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

TO:

Registration Section

Division of Corporations The Centre of Taliahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000045222</u>	were filed on February 14, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Magnate Property Solutions LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1032 NW 23rd Ave.	
Principal office address MUST BE A STREET ADDRESS)	Gainesville, Florida	
	32609	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:	LAVAR A TOTAL	·····
	Enter Florida street address	#. C
	Florida	Zip Code

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

Magnate Realty Group LLC

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>	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
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			□Change

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 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a rd is filed. Sentember 9 2021	(optional) gor more than 90 days after filing.) Pursuant to 605.026 filing requirements, this date will not be listed a.m. on the earlier of: (b) The 90th day after the			<u> </u>		
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True Box	tative of a member	September 9	2021			
Signature of a member or authorized representative of a member	tative of a member	Jaica	· <i></i>	/		
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1 1		Signatur	e of a member or autho	ized representative of a mer	nber	
Robert C. Baker			L	/		

Filing Fee: \$25.00