

(19000047567

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05/19/24--01009--006 \*\*30.00





COVER	LETTER
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#### TO: Registration Section Division of Corporations

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MORTGAGE REAL LLC
SUBJECT: \_\_\_\_

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:

Name of Person	
MORTGAGE REAL LLC	
Firm/Company	
3343 2ND AVE NE	
Address	
NAPLES, FL 34120	··· •
City/State and Zip Code	
BIZBY'BRIAN@GMAIL.COM	· · · ·
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy radditional copy is enclosed1 S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### E-HOOKAH LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/18/2019	and assigned
Florida document number L19000047567	

This amendment is submitted to amend the following:

#### A. If amending name, enter the new name of the limited liability company here:

MORTGAGE REAL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

#### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	• <u>•</u> •
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

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

	, City	, Florida Zio Code
New Registered Office Address:	Enter Florida street ad	idress
Name of New Registered Agent:		

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

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. . 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

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			🗆 Remove
			Change
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			□Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change

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

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	7:28 FL E

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 MARCH 15TH	. 2024	
B		
	Signature of a member or authorized representative of a member	
BRIAN FÉRNANDI	Z	

Typed or printed name of signee