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COVER LETTER

TO: Registration Se Division of Con		ě	
SUBJECT:	Florida L Name of Lin	And MACK REALFY ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIANE	J. Schaffek Name of Person	
		dA LANd MAYK Firm/Company	2
	66	Address	burch Avenue
	diane @	MULSerry FL City/State and Lip Code Florida LANd MANK to be used for future annual report notif	33860 Reach Com Y
	E-mail address: (to be used for future annual report notif	ication)
l	concerning this matter, please c	all: $ \begin{array}{c} 863-267-\\ \text{at } (\underline{}) \\ \text{Area Code} \end{array} $ Daytime	8673
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

Florida LANdi		REALTY,	216		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <mark>ny as it now ap</mark> Liability Compa	péars on our-reço ny)	<u>rds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	3/8/	/2 <i>019</i> a	nd assign	ıed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility compan	<u>y here</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," t	he designation "LI	.C" or the abbreviat	ion "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2019	
				_9∩¥ -	- 47001. 3
Enter new mailing address, if applicable:			.	<u>6</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		_	<u></u>	<u>_₽</u> _	€ 5 € ["""]
				<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our recor	ds, <u>enter the n</u>	ame of	the nev
Name of New Registered Agent:		·			
New Registered Office Address:	Entin	Florida street addr			
	r,nicr				
	City	F	Florida	Code	
New Registered Agent's Signature, if changing Registered Agent:			·		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for a	of my duties, o in Chapter 605	and I am familia 5, F.S. Or, if this	ir with a docume	md

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Frederick S House	6615 North Church Avenue	<u>∕</u> □ Add
		Mulserry, FL 33860	P Remove
	ĺ		Change
MGR	SiANC J SCHAFFER	6615 North Church A	<u></u> □ Add
		Muchery 71 33860	Kemove
			Change
AMBR	Estate Finders Inc	6615 North Church Ave	∠ Add
		Mulberry FL 33860	Remove
MGR_	ESTAK FINDERS INC	6615 North Church A	W Add
		Mucherly, FL 33860	□ Remove
			Change
			Remove
			🖸 Change
			□ Add
			Remove
			🗆 Change

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(If an ef Note:	ive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a hypother or authorized representative of a member Jane Superfect Typed or printed name of signee
	Signature of a member or authorized representative of a member
	1 in 1 Cha CCal

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Filing Fee: \$25.00