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	gistration Se vision of Cor		•		
SUBJECT:		ER GROUP LLC	ited Liability Company		
SUBJECT:		Name of Limited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub-			
Please retur	n all correspo	ndence concerning this matter	to the following:		
		MARIE B. CODE, ESQ.			
			Name of Person		
		MARIE B. CODE, ESQ., I	P.L.		
			Firm/Company		
		1308 SW 27TH TERRACE	E		
			Address		
		CAPE CORAL, FLORIDA	x 33914		
		A DIECH A DIEEGONIEN	City/State and Zip Code		
		MARIE@MARIEESQUIRI E-mail address: (9	to be used for future annual report notification)		
For further:	information c	oncerning this matter, please ca	ail:		
MARIE B.	CODE		239 829-0063 at ()		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:			
≅ \$25.00	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Di P.	ailing Address egistration Sivision of C O. Box 632 allahassee, l	Section Corporations 27	Street Address: 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

REAL OFFER GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fiorida Limited	Liabinty Company)		子 %
The Articles of Organization for this Limited Liability Company Florida document number L19000103186	were filed on APRIL I	5, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designa	tion "LLC" or the abbr	eviation "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 agent and/or the new registered office address here:	address on our record	ls, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida su	reet address	
		, Florida	Zip Code
	Ciţv		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>	Address	Type of Action
AMBR	JIBBY VON JIBBERSON LLC	8130 BAYMEADOWS WAY W.	□Add
		SUITE 200	■ Ястюче
		JACKSONVILLE, FL 32256	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	 		
			□Remove
			Change
			□Add
			Remove
			□Change
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Effective date, if other than the d (If an effective date is listed, the date must be	ate of filing:	- da (5): 00	(optional)
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applica	able statutory filing requirem	ents, this date will not be listed as the
the record specifies a delayed effective ford is filed.	date, but not an effective tir	nc, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
DatedDECEMBER 11	2019		
	RAVIEL B. Cod ignature of a member of autho	ACTIVITY rized representative of a member	1 Representative
(MARIE B. CODE	-	,	
	Tonal or sente	d name of signer	

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