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COVER LETTER

	egistration Se ivision of Cor							
OLID IE CT	Realty Inve	stment Partners, LLC						
SUBJECT	·	Name of Limited Liability Company						
The enclos	sed Articles of a	Amendment and fee(s) are subi	mitted for filing.					
Please retu	ırn all correspo	ndence concerning this matter	to the following:					
		Billy Wiggins						
		<u> </u>	Name of Person					
		Realty Investment Partners	, LLC					
			Firm/Company					
		1 Edge Lane						
			Address					
		Palm Coast, FL 32164						
			City/State and Zip Code					
		bwiggins1@gmail.com						
		E-mail address: (t	to be used for future annual report notific	cation)				
For further	information co	oncerning this matter, please ca	ill:					
Billy Wig	gins		904 309-3023 at ()					
	Name of	Person		Telephone Number				
Enclosed is	s a check for th	e 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:

TO:

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

Realty Investment Partners, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on April 24, 2019	and assigned
Florida document number L19000111188		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
		三 五 五
Enter new mailing address, if applicable:		F: 3 0
(Mailing address MAY BE A POST OFFICE BOX)		5:
		5.
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		Florida

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>	<u>Address</u>	Type of Action
AMBR	Nancy Gil Pombo	489 Devon Place Lake Mary, FL 32746	■ Add
			Remove
			🗖 Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
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			□ Add
			Remove
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to c a does not meet the applicable	late of filing or more than 90 da	
ne record specifies a delayed on the 90th day after the recor		n effective time, at 12	2:01 a.m. on the earlier of
Dated	2019		
Jan	ghature of a member or authoriza	ed representative of a member	
Billy Wiggins			

Page 3 of 3

Filing Fee: \$25.00