# 119000134275

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

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## **COVER LETTER**

TO: Registration Sect Division of Corp			
SUBJECT: An	Plo Realty,	LLU ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Brady Col	2b	
	,	Name of Person	
		Fim/Company	<del></del>
	1112 N. FI	AGUY DNVC	
	tort Laude	City/State and Zip Code	304
		o behised for future annual report not	
For further information co	ncerning this matter, please ca	dt:	
Mulh Fe	ndl Person	at ( <u>954</u> ) <u>52</u> Area Code Daytin	- 4111 ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55,00 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 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

Anelo Rea (Name of the Limite	d Liability Company as it now app A Florida Limited Liability Company	ears on our records.)		-	
The Articles of Organization for this Limited Li Torida document number <u>L19000134</u>	ability Company were filed on .	05/17/2019	and	assigne	:d
his amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>			- :	20 K	
he new name must be distinguishable and contain the w	ords "Limited Liability Company." th	e designation "LLC" or the al	obreviation	"LaL.C.	. 1 1
Enter new principal offices address, if applica	ıble:		: ' 	<u>172</u>	
Principal office address MUST BE A STREE	TADDRESS)		, 	<u>고</u>	=
				2: 40	
Enter new mailing address, if applicable:		<del></del> -	<del></del>		
Mailing address MAY BE A POST OFFICE I	<u></u>	<del>_</del>			
3. If amending the registered agent and/or regent and/or the new registered office addres		r records, enter the nan	ne of the	new re	gistered
Name of New Registered Agent: New Registered Office Address:	DA Eddy, 1112 N. Flad Enter 1	PLLU JUN DINU Horida street address			<del></del>
	FURL LAUDENSA	. Florida _	333 C	)4 ,de	

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	Steven Avalon	1112 N. Flagur Dnvl	🗆 Add
		Firt Laudeldau, Fl 333	
			□Change
AMBR	Brady Cobb	1112 N. Flagur Dhve	🌠 Add
	,	Fort Lauderlau, Fl 33	314 □Remove
			□Change
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	date, if other	than the date	e of filing	:			(opti	onal)		
f'an effecti	ve date is listed, the	ie date must be s	pecific and	cannot be prio	r to date of fili	ng or more tha	n 90 days after	filing.) Pur	suant to 60 not be lis	05.0207 sted as
document	's effective date	on the Depart	ment of St	ate's record:	3.					
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d is filed.		d effective dat	e, our nor	iii ciicciive	inne, at 12.0	a.m. on the	carner or, (c	, 1110 70	ar day ar	
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Filing Fee: \$25.00