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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	, ***
ertified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section

Division of Cor	rporations		
SUBJECT.		N REALTY, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
		William L. Ketchersid	
		Name of Person	
		Ward & Ketchersid, P.A.	
		Firm/Company	<del></del>
		1241 Airport Road, Suite H	
		Address	
		Destin, FL 32541	
		City/State and Zip Code dcole@flaattorney.com	
	E-mail address: (	to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
William L. 1		850 at ( )	837-5507
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7		Section

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTY, LLC		
as it now appears oility Company)	on our records.)	
ere filed on	May 22, 2019	and assigned
y company her	<u>e</u> :	
Company," the de-	ignation "LLC" or the ab	breviation "L.L.C."
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1201C1 1 11/10		
City	, Florida	Zip Code
	as it now appears oility Company) ere filed on  Company here Company," the des	as it now appears on our records.)  pility Company)  ere filed on

## 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 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
MGR	Micah Mortag	5221 NE 29th Avenue	□ Add
		Fort Lauderdale, FL 33308	Remove
			□Change
MGR	Brooke Hann	5221 NE 29th Avenue	■Add
		Fort Laduerdale, FL 33308	□Remove
			□Change
			2020 DEC F1
			F □ Remove
			—☐Change —☐
			□Remove
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effective date is li e: If the date in	other than the isted, the date must serted in this blove date on the De	be specific and ock does not n	l cannot be pric neet the appli	cable statutor	g or more than 9 y filing require	(optiona 0 days after filir ments, this da	ig.) Pursuant i	o 605.02 e listed :
ord specifies a filed.	delayed effective	date, but not	an effective	time, at 12:01	a.m. on the ca	rlier of: (b)	The 90th day	∕ after th
ed	Dece	ember 10		·	•			
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