49000 158043

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dualing Fakh) Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>_</u>

Office Use Only

500332837015

08/12/19--01005--014 **25.00

AUG 1 6 2019 S. YOUNG

9 AUG 12 AH 7

COVER LETTER

Division of Co	rporations		
CONTRACTOR	REALTY LLC		
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Neil Bryan Tygar		
		Name of Person	
	Neil Bryan Tygar, P.A.		
		Firm/Company	
	5341 W. Atlantic Ave, Ste	303	
		Address	
	Delray Beach, FL 33484		
		City/State and Zip Code	
	ntygar@me.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Neil Tygar		561 455-0280 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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

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

1 CTDEET DEALTY LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000158043</u> .	were filed on <u>06/17/2019</u>	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation	on "LLC" or the abbreviation "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)		9 AUG 12 AU 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Utopia Property LLC	7010 CAVIRO LANE BOYNTON BEACH, FL 33437	Add
			Remove
			Change
AMBR MHS Utopia Property LLC	MHS Utopia Property LLC	7010 CAVIRO LANE BOYNTON BEACH, FL 33437	
			☐ Remove
		Change	
	 		Add
			Remove
		Change	
			Add
			Remove
			Change
		Add	
			Remove
			Change
		□ Add	
			□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
	
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>2019</u> .
	Signature of a member or authorized representative of a member
	Marc H Ivler

Page 3 of 3

Filing Fee: \$25.00