## 219000199096

(Req	uestor's Name)	_
(Add	ress)	
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(City	/State/Zip/Phone	= #)
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## **COVER LETTER**

Div	ision of Cor	porations -	•	
SHRIFCT:		REALTY LLC		
NOBILE I.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		GLENN EDWARD PICK.	ARD	
		PICKMAN REALTY LLC	Name of Person	
		6551 SW 10th STREET	Firm/Company	
		PEMBROKE PINES, FL	Address 33023	
		pickmanrealtyllc@outle	City/State and Zip Code ook.com	
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
GLENN E. 1	PICKARD		954 309-0707 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	eheck for th	ne following amount:		
□ \$25.00 F	iling 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)
	***	INC A DINNECC	(27) 12) 27 (20)	en andrece

MAILING ADDRESS:

Registration Section

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

PICKMAN REALTY LLC

company has been notified in writing of this change.

2015 0 15 44 7:50

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

The Articles of Organization for this Limited Liability Company	were filed on	AUG 05, 2019	and assigned
Florida document number L19000199096			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company	here:	
N/A			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," tl	he designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:	N	/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, ent	er the name of the no
Name of New Registered Agent:	۱/A		
New Registered Office Address:	Enter	Florida street address	
	Cin	, Florida	Zip Code
	,		zip Chie
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agra	ee to act in th	is capacity. I further	agree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JANICE YOLANDA LEVARITY	6551 SW 10th STREET PEMBROKE PINES, FL 33023	Add
			Remove
			□ Change
	<del></del>		D Add
		<del></del>	Remove
		<del></del>	Change
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Note:	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	Sehl- 2019.
Dated _	The state of the s
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00