## 119000206086

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TO NOV 18 M SP 15

DEC 1 8 2019 S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		CA REALTY LLC		
SUBJE	.cr:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		William P. Wyche		
		William Wyche LLC	Name of Person	
		4995 N.W. 95th Ave.	Firm/Company	<del></del>
		Sunrise, FL 33351	Address	
		newmcccarealty@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fur	ther information o	oncerning this matter, please ca	all:	
Willian	m P. Wyche		954 934-7594 at ( )	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>= \$</b> 2:	5.00 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

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nited Liability Company)	٠٠٠ ليب مر
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I Hability company here:	
Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
The address is staying the san	ne.
<u> </u>	
The mailing address is staving	or the same
The maining address is staying	g the same.
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ed office address on our record	is, enter the name of the
s nere.	
Enter Florida street addre	2CY
F	lorida
City	Zip Code
cent.	·
l agree to act in this capacity. I fi	urther agree to comply wi
	The address is staying the san  The mailing address is staying  ed office address on our records here:  Enter Florida street address  City  gent:

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.

<b>₽</b>	
	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 adde or removed from our records:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	,

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			■ Add
			☐ Remove
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