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I ALBRITTON

COVER LETTER

TO:		istration Sec sion of Corp			
CHDTE	CT.		EDGE REAL ESTATE LLC	;	
SUBJE				ited Liability Company	
The enc	losed	Articles of A	smendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspon	dence concerning this matter	to the following:	
			WAYNE R. COSTA		
				Name of Person	
				Firm/Company	
			16171 MARSILEA COUR	RT	
				Address	
			NAPLES, FL 34110		
			WRCOSTA1@GMAIL.CC	City/State and Zip Code	
			E-mail address: (to be used for future annual report noti	fication)
For furt	her in	formation co	ncerning this matter, please ca	all:	
WAYN	IE R.	COSTA		239 560-7092	
	•	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a	check for the	e following amount:		
₩ \$25	. 00 Fi	iling Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

REALTORS EDGE REAL ESTATE LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Company were filed on 8/20/2019	and assigned
Florida document number L19000212953	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability 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 ADD	RESS)	(cm)
		7.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		—
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ado		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	u address
		, Florida
 .	City	Zip Code

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	NICOLE C. COSTA	16171 MARSILEA COURT	
		NAPLES, FL 34110	
		MATLES, FE 3411V	■ Remove
			Change
			D Add
			Remove
			□ Change
 -			□ Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
			Remove
			Change
			
			□ Remove
			□ Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	08/20/2019
(If an effe Note:	re date, if other than the date of filing:
he rec The	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.
Dated _	Sept 17, 2019.
*	Wayne Residue of a member or authorized representative of a member
	WAYNE R. COSTA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00