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JAN 24 2020

## **COVER LETTER**

Division of Corporations
SUBJECT: FIZBO REALTY LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>Carlos E Marquez</u>
Fizbo Realty LLC
6220 NW 77th Ter
Parkland, Ft 33067 City/State and Zip Code
E-mail address: (to be used for future annual report aprilification)
For further information concerning this matter, please call:
Carlos Marquez at (954) 621 6911  Name of Person 4 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIZBO R	REALTY LLC
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000254155</u>	vany were filed on $10/09/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	C REPORT
The new name must be distinguishable and contain the words "Limited Li	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SS 0 11 11 11 11 11 11 11 11 11 11 11 11 1
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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			SECRETARY OF STATE
			GSE STATE Add
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			□Change

# Page 2 of 3

. If amending any other information, enter change(s) here: (Attach additional shee	rts, if necessary.)
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at ) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated 12 17 2019	
Signature of a member or authorized representative of a mem	ber
Carlos Marquez  Typed or printed name of signee	

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