## L20 00007351

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## **COVER LETTER**

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Registration Section

TO:

Division of Corp	porations		
SUBJECT: Nata	Name of Lim	r Real Esta ited Liability Company	ite LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nata	Name of Person	
	Natali	e Dccker Firm/Company	Real Estate Ly
	2862	Emeldi Lar	ne Methodist
	- Meli	Ourne FL City/State and Zip Code	32940
	E-mail address: (	City/State and Zip Code  12 C brighth to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co		
Natalie Name of	Decker	at (3) 3 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
<b>№</b> \$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 Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natalie Dec	Ker Kea	Estate LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_2 6000 7351</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	oility company here:	DZOFEB 18 PM 5
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3456 Melbou 32948	Caviston Day
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3456 melbourr 32940	Caviston Way
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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 = Au	thorized Member					
<u>Title</u>	Name	Address	(old	addres:	)	Type of Action
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		Melbou	MC	FOX	32970	_ □Remove
		<del></del>				_ Change
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		melbou	me	FL		_ □Remove
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