h20000069029

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Conference of Contract
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500369370305

RECEIVED

JUL 0 6 2021

2021 SEP 29 NH 7: 59

in lind

SEP 30 2021

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	Realty	Grap ited Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of Ame	indment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	ice concerning this matter t	to the following:	
-	Sarah	Name of Person	
	(+ 1200	Firm/Company	
-		Firm/Company	
<	100 SF 4	Ih Ave #110	, -
-		Address	
	Hullandale	City/State and Zin Code	
-		City/State and Zip Code	
_	Sarah a 7	realtypoup. Camo to be used for future annual report notifica	<u>. </u>
	E-mail address: (t	to be used for futuire annual report notificat	tion)
For further information conce	ming this matter, please ca	all:	
Sarah	Gozlan	at 305 505 Area Code Daytime To	6399
Name of Per	son	Area Code Daytime To	elephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$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 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



July 28, 2021

SARAH GOZLAN 800 SE 4TH AVE #116 HALLANDALE, FL 33009

SUBJECT: G REALTY GROUP LLC

Ref. Number: L20000069029

We have received your document for G REALTY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 221A00017750

Yvette Scott Document Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U	r	0.57) o
(Name of the Limite	d Libbility Compa A Florida Limited L	y as it now appears on o	par records.)	²⁹ ⁴⁴ 7:59
The Articles of Organization for this Limited Liz Florida document number	ability Company	were filed on	2) 2020	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designa	tion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applica	ıble:		··	
(Principal office address MUST BE A STREE	(ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
				<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our record	ls, <u>enter the nam</u>	of the new registered
Name of New Registered Agent:		rah C	rozlan	
New Registered Office Address:	800	SE 4 LL Enter Florida str	AVE #	116
	Hallan	City	, Florida	33009 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>	Name	Address	Type of Action
AMBR	Sarah Seser	800 SE with Ave	□Add
		Snite #611	□Remove
		Hallandall FL 3500	<u>95</u> ⊠Change
AMBR	Sarah Gozlan	300 SE WHY AVE	DAdd
		Suite 116	□Remove
		Hallandale FL 33	Change
AMBR	Gil Brendel	guo sé nth. Av	<u>C</u> □Add
		suite #611	□ Remove
		Hullandale FL 330	05 Dechange
AMBR Gil	Gil Brendel	goo SE with Ave	EÁdd
		Snite 116	□Remove
		Hullandall, FL 36	<u>00 </u>
			DAdd
			□Remove
			□Add
			□Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>

E. 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 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 9 17 2
Signature of a member or authorized representative of a member
SARAH GOZLA: Typed or printed name of signee

Filing Fee: \$25.00