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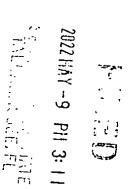
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Carlott J

COVER LETTER

Division of Corporations
SUBJECT: REAL TO CALL CENTER, LLC Name of Limited Liability Company
realite of Entitled Elabitity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROCK-FLIE HOMAS
REAL VISION CALL CENTER, LIC
1165N.E. 129th Street
North Michael Florida 331C1 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROCK-FLIE HOMAS (941, 287-5618

Enclosed is a check for the following amount:

Name of Person

☐ \$25.00 Filing Fee

TO:

Registration Section

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Area Code

\$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

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2022 HAY -9 PH 3: 1 ed Liability Company as it now appear (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number	were filed on $03-08-2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	RIRISESILLO
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1165 N.E. 129th Stree
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13990 S.W. 280th TERM HOMESTEAL HISGIDE 33
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registere

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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
MNG	ROCKYBYHOMAS	13990 S.W. 280th 1E	Ţģ(Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets) if pecessary.)
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E. Effective date, if other than the date of filing: (optional) (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)(b)
<u>Note:</u> 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.
f the record specifies a delayed effective date, but πot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
NC NV 22 0022
Dated 05 - 04-22 2022
Signature of a member or authorized representative of a member
FULT-PLE ITTOMAD