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(Requestor's Name)	
(Address)	5004262
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/25/24010
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(Document Number)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Augustina	Realty, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stina Antonopoulos		
		Name of Person	
	Augustina Realty, LLC		
		Firm Company	
	752 Mandarin Terrace		
		Address	
	Saint Augustine, FL 3209	2	73111: 02
		City/State and Zip Code	PL FL
	stinalog@gmail.com		
For further information c	E-mail address: (concerning this matter, please e	to be used for future annual report noti all:	fication)
Stina Antonopoulos		at (904) 661-6131	
Name (d Person	at (904) 661-6131 Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 631	27	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Augustina Realty, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000089100}{1.0000089100}$.	y were filed on <u>2/28/2020</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ulity Company," the designation "LLC	O" or the abbreviation"L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
nter new mailing address, if applicable:	Manage	
Mailing address MAY BE A POST OFFICE BOX)		· 图 19
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	WA
		lorida
	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

Title	Name	Address	Type of Action
MGR	Stina Antonopoulos	752 Mandarin Terrace, St Augustine, FL 32092	= Add
			□Remove
			Change
MGR	Charles Medalie	7811 Ashley Circle	□Add
		Bradenton, FL 34201	= Remove
			□Change
			□ Add
		•.	□ Remove
			— □Change
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			rr. No □Remove
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fective date, if other than the date of filing:	(option of more than 90 days after f	n ar) iling.) Purst	iant to 605,020
nte: If the date inserted in this block does not meet the applicable statutory fil	ling requirements, this	date will n	ot be listed a
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n is filed.	n, on the earlier of: (b)	The 90th	day after the
is tucu.			
. Manuala 18			
nted March 18			
Strain C			
Signature of a member or authorized representati	ive of a member		

Filing Fee: \$25.00