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(Re	equestor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporat	ions		
SUBJECT: REC.	REAL ESTA:	to LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Amen	idment and fee(s) are subr	nitted for filing.	
Please return all correspondence	e concerning this matter t	o the following:	
_	Ancil BALL	Ki55000	
_		ESTATE, LLC.	
_	6789 UlmE	rton RD Address	
	LAGO, Fl.	33771 City/State and Zip Code	
		ESTATE - WIEGE, Co be used for future annual report notif	ication)
For further information concern	ning this matter, please ca	II:	
Name of Person	Ash	at (727) 458 - 8	5515 Telephone Number
Nancoi res.	șii	Area Code Dayume	: retephone Number
Enclosed is a check for the foll	owing 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:		Street Address:	.•
Registration Section		Registration Sec	
Division of Corpo P.O. Box 6327	rations	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

REC REAL ESTATE.	46	2020 JUN -5 PM 6: 52
REC REAL ESTATE, (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on or Liability Company)	ur records.) PARY OF TALLAHASSEE, I LON
The Articles of Organization for this Limited Liability Company	wwere filed on	/ /
Florida document number <u>L20000</u>	,	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 agent and/or the new registered office address here:	address on our record	s, <u>enter the name of the new reg</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chris GASh	6789 Ulmerton Ro	□Add
		LArGO, Fl. 33771	Memove
			□Change
MGR	Michael Smith	6789 WIMEHOI RO. LAIGO, F	/ DAdd
			□Remove
			□ Change
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(If an effe <u>Note:</u>	date, if other than the date of filing:	
If the record	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated .	-23-20 2020	
	Signature If a member of muthorized representative of a member	

Typed or printed name of signee