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COVER LETTER

Registration Section Division of Corporations

TO:

Downtown SUBJECT:	Expert Realty LLC		
30bite1	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Nicholas A Acosta		
		Name of Person	
	Downtown Expert Realty	LLC	
		Firm/Company	
	150 E. Robinson St. Unit 8	323	
		Address	.
	Orlando, FL 32801		
		City/State and Zip Code	<u> </u>
	nacostafl@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information (concerning this matter, please c	all:	
Nicholas A. Acosta		407 508-8809 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following 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 Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Downtown Expert Realty LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.): 2-49 The Articles of Organization for this Limited Liability Company were filed on ^{06/29/2020} __ and assigned Florida document number $\frac{1.20000182941}{1.0000182941}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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 LLIAUNTO PE 2:1	Type of Action
AMBR	Nicholas A. Acosta	150 E. Robinson St. Unit 823 Orlando, FL 32801	□Add
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	08/05/2020)		
ective date, if other than the d reffective date is listed, the date must		r to date of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605,0207
te: If the date inserted in this bloo	k does not meet the applic	cable statutory filing		
rument's effective date on the Dep	artment of State's records	i.		
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. or	n the earlier of: (b) Th	e 90th day after the
ed August 5th	2020			
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Made	////	/ \ \ \		

Typed or printed name of signee