## L20000184313

(Re	equestor's Name)	
(Ad	ldress)	
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(Čit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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O SEP 29 2020

TO: Registration Section Division of Corporations		
SUBJECT: <u>USA Real</u>	Name of Limited Liability Company	
The enclosed Articles of Amendment and f	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
_ Kr	isten L Bornste Name of Person	
	YSA Realta Fallis	ors UC
800	14th St N Address	
Krist	E Peter FL 337 City/State and Zip Code tenborn Stein 900	10 21/2/1/com
E-r For further information concerning this ma	mail address: (to be used for future annual report notif) itter, please call:	cathyn)
Mristen L. Rock Name of Person	at (813) 842- Area Code Daytime	- 2428 Telephone Number
Enclosed is a check for the following amou	int:	
□ \$25.00 Filing Fee □ \$30.00 Filin Certificate		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	<u>Street Address:</u> Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

		222) Al 3 (1 Pr. 3: 1)
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appear iability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>Law (1843)</u>	were filed on 🤷	430/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "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 a agent and/or the new registered office address here:	ddress on our re	ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	da street address
	City:	Florida
New Registered Agent's Signature, if changing Registered Agent:	v. nj	гар Сохи
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
If Chang	ging Registered Ag	ent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	17 (80 ) 11 PH 3: 11	Type of Action
MOR	Kristen L	Bornski	1 800 4	9# SHN	□Add
			St Pete	2, FL 33710	□Remove
	& Chan	of po	AMBR	* * W	DChange
4MBR	Dreph C	EGA	<u>2004</u>	9th St N	<b>X</b> (Add
		0	St Ped	E,FL 335	Remove
					□Change
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-	Changing Kristen L Bornstein From
_	managet to Authorized number
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Note:	ve date, if other than the date of filing:
e record ord is fil	d 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 ed.
Dated	Signature of a member of authorized representative of a member
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)