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COVER LETTER

rO: Registration Sec Division of Corp			
SUBJECT: Richa	irdson The	Realtor	-
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
rease retain an correspo	inconce concerning with manner	2	
	Richardson Real Esta	Noe!	
	2 4	Name of Person	
	Keal Esta	Firm/Company	
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	5170 MILL	enia blud ste	305
		2 0	
	Orlando,	FL 32839 City/State and Zip Code	
	richard	moel the real to to be used for future annual report notif	ragmail. Com
			ication) ()
For further information c	oncerning this matter, please c	all:	
Richardsm	Noel	at (<u>407</u>) <u>879</u> –	3609
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	S30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60.00 Filing Fee.
•	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration Sec	cuon

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Richardson the	Realtor	ur records.)	•
(Name of the Limited Clabitly C	mited Liability Company)	<u> </u>	· -
	7/1	1/2020	scioned
The Articles of Organization for this Limited Liability Con	npany were med on 1/1	The state of the s	- mg
Florida document number <u>L2000186990</u>		CONT.	云门
This amendment is submitted to amend the following:		TO THE TOTAL OF TH	7:4
A. If amending name, enter the new name of the limited	d liability company here:	# G. Fr.	0
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
Y		. Florida	
	City	Zip Cou	le
New Registered Agent's Signature, if changing Registered a	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 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>Address</u> Type of Action Title 5182 Milleria blvd #305 WAdd Richardson Noel Orlando, FC 32839 Remove _____ □Change ______ □Remove _____ □Remove _____ □Change _____ Remove _____ 🗀 Add ______ □Remove _____ □Change

	ETN: 85-1906380
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,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the reco ecord is f	rd 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 led.
Dated	07/14/2020 2001Pm
	Signature of a member or authorized representative of a member
	Bichardson Noel