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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: <u>Ba</u>	lint Propertie	es Referrals ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL	K. BALINT Name of Person	
	Balint Prope	rties Referrals	LLC
	661 Edgew	ater Dr Address	
	Dunedia	City/State and Zip Code	
	balint prope	rties @ amail. (lication)
For further information of	concerning this matter, please ca	all:	
MIKE Name (BALINT of Person	Area Code Daytim	9505 e Telephone Number
Enclosed is a check for t	he 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 Address:

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Balint Proper	ties Referals, LECTO 17 Full 200
	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on $\frac{7/6/2020}{0743}$ and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, enter the name of the new registered shere:
Name of New Registered Agent:	Michael K. Balint
New Registered Office Address:	Enter Florida street address
	, Florida
	Cinc. Zin Cada

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>	Name	Address 2.32 17 P. 12:20	Type of Action
MGR	Michael K. Balint	Address 661 Edgenater Dr. Dynadi	Add
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	***************************************		□Add
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fan effectiv <u>Note:</u> If tl	re date is listed, he date inserte		specific and does not a	I cannot be pri neet the app	licable statu			nal) filing.) Pursuant to 60 date will not be lis	
record sp d is filed.	ecifies a delay	ed effective da	te, but not	an effective	e time, at 12	:01 a.m. on t	he earlier of: (b)	The 90th day aft	er the
Dated	8/14/			, <u>2020</u>	<u>)</u> .				
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