120000195776

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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200 FEB - 2 AM 6: 21

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COVER LETTER

TO: Registration Division of C	Section Corporations		
RYAN N SUBJECT:	NORVIG, REALTOR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	 	Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further informatio	n concerning this matter, please c	all:	
LOVEITE DOBSON	ſ	888 462-3453	3
Nam	ie of Person	at () Area Code Day	time Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division of		Street Address Registration Division of O	Section
P.O. Box 6			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB _ 2 AM 6: 24

	NORVIG, REALTOR LLC	-2 AM 6: 24
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our record da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000195776	Company were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	mited liability company here:	
RYAN NORVIG LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	FIL	orida
	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

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		- in in		
<u>Title</u>	<u>Name</u>	Address	2021 FEB -2 AM 6: 24	Type of Action
				🖸 Add
				
				🗆 Change
			···	□Add
				□Remove
.		 		□Add
				🗀 Remove
				□Change
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				🗆 Add
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				□ Change
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				□Remove
				□Change

and the second
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(optional)
be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
e applicable statutory filing requirements, this date will not be listed as t
records.
ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ective time, at 12:01 a.m. on the earlier of: (b) 1 he 90th day after the
) ·
or authorized representative of a member
· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00