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(Requ	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Pho	ne #)
PICK-UP	TIAW	MAIL
(Busin	ess Entity N	ame)
(Document)	ment Numbe	rr)
Certified Copies	Certificat	es of Status
Special Instructions to Fili	ng Officer:	
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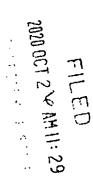
Office Use Only



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RECEIVED OCT 2 6 2020



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:OU	Real estate Name of Limi	OURNEY LLC	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Nicola Jo	Name of Person	
	 	Firm/Company	
	<u>935 Нарру</u>	Roud Address	
		FL 33103 City/State and Zip Code	
	RoundAFI.	UIOGMAIL, COM to be used for future annual report notice	fication)
For further information co	oncerning this matter, please ca		
NICOLA JOR	Person	at (<u>646</u>) <u>455 (</u> Area Code Daytim	P3/O e Telephone Number
Enclosed is a check for th	e 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

OUIL REAL EST	HE JOURNEY LLC	<u> </u>	
(Name of the Limi	(A Florida Limited Liability Comp	<u>appears on our records.</u>) pany)	020
The Articles of Organization for this Limited L Florida document number 200026 This amendment is submitted to amend the fol A. If amending name, enter the new name of	iability Company were filed o	on <u>7/16/2020</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
,			
The new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses		our records, enter the r	name of the new registered
Name of New Registered Agent:	NICOLA JORDAI	V	
New Registered Office Address:	NICOLA JORDAN 935 NAPPY ROF ENT FORT MYERS City	AD ter Florida street address	
	FORT Myers	, Florida	133903 710 Code
	City		zap cour

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	Type of Action
GAR AR	Jürgen de Clerca	935 NAPPY ROAd	□Add
			Remove
			□Change
			Add Flampe
			E emova
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an c f vote:	tive date, if other than the date of filing: (0-21-202) (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ment's effective date on the Department of State's records.
	ord 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 filed.
ated	october Ten . 2020.
	Signature of a member or authorized representative of a member
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \