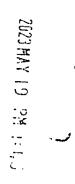
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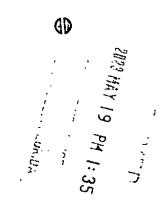
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	Joseph H. S	Stern Realtor LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joseph Stem		
			Name of Person	
		Joseph H. Stern Realtor LI	ment and fee(s) are submitted for filing. concerning this matter to the following: eph Stern Name of Person eph H. Stern Realtor LLC Firm/Company 21 W Woodlawn Ave Address mpa. FL 33607 City/State and Zip Code phstern.re@gmail.com E-mail address: (to be used for future annual report notification) ng this matter, please call: 1727	
			Firm/Company	
		3321 W Woodlawn Ave		
		- 	Address	
		Tampa, FL 33607		
		nendment and fee(s) are submitted for filing. ence concerning this matter to the following: Joseph Stern Name of Person Joseph H. Stern Realtor LLC Firm/Company 3321 W Woodlawn Ave Address Tampa. FL 33607 City/State and Zip Code Josephstern re@gmail.com E-mail address: (to be used for future annual report notification) teerning this matter, please call: at (
		•		
			-	otification)
For further in	nformation c	oncerning this matter, please co	all:	
Joseph Sterr	1			
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Ma Res	iling Addres gistration S	<u>s:</u> Section		Section
		orporations		
_). Box 632			
Tal	llahassee, I	L 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2023 MAY 19 PM

Joseph H. Stern Realtor LLC

company has been notified in writing of this change.

ompany here: hpany," the designation "LLC" or the	and assigned
ompany here:	abbreviation "L.L.C."
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on our records, enter the ma	ine or the new reg.
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Enter Florida street address	
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th.	Zip Code
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i d	ss on our records, <u>enter the na</u>

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗅 Add
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this bl	ist be specific and cannot be price and cannot be price and the application.	or to date of filing or i icable statutory fili	(option more than 90 days after fi ng requirements, this c	ling.) Pursuant to 605.020
ument's effective date on the D	Department of State's record	is.		
cord specifies a delayed effective filed.	ve date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
May 18th	2023	· · · · · ·		
	1/2			
	2.4	4		
·	Signature of a member or aut	horized representativ	e of a member	

Filing Fee: \$25.00