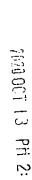
L20000254713

(Requestor's Name)			
(Address)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
L <u></u> .			

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10/13/20--01015--019 **60.00

COVER LETTER

Registration Section Division of Corporations

ВЫЕСТ:	MYRICK REALTY, LLC
	Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

ONALD SHON MYRICK 386 334-9822 Name of Person Daytime Telepho

Daytime Telephone Number

Enclosed is a check for the following amount:

L) \$25.00 Filing Fee

III \$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

Myrick Realty LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as II now appears on our records.) led Liability Company)	15/2020
(A Florida Limit The Articles of Organization for this Limited Liability Compa L 20000254713	any were filed on 9/2/2020 8/	and assigned
Florida document number L20000254713		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "CLC" or th	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_0 0	
(Principal office address MUST BE A STREET ADDRESS)		
	n. A	
Enter new mailing address, if applicable:	n.A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi-	ce address on our records, enter the n	
agent and/or the new registered office address here:		L
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added c removed from our records:

4GR ≕ Manager

AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MGR	Hamid Reza Toutounchian	1457 N Us Highway 1 Ste	23 \(\sqrt{\lambda}\)
		Ormond Beach FI 321	74 Remove
			1 Change
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Hamid Reza Tou	tounchian MGR	
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	<u> </u>	
		
Tective date, if other than the data an effective date is listed, the date must be oter. If the date inserted in this block becament's effective date on the Department.	does not meet the applicable state	(optional) filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(1) atory filing requirements, this date will not be listed as the
record specifies a delayed effective da is filed.	ate, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
October 7	2020	
- Hamil R.	guarire of a field of authorized rep	resentative of a member
Hamid Reza T	outounchian	
	Typed or printed name o	Colonia

Filing Fce: \$25.00