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#### COVER LETTER

O: Registration Section Division of Corporations

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## MYRICK REALTY, LLC

Name of Limited Liability Company

the enclosed Articles of Amendment and fee(s) are submitted for tiling.

lease return all correspondence concerning this matter to the following:

# Donald Shon Myrick

Name of Person

### MYRICK REALTY LLC

Firm/Company

## 1457 N US HWY 1 STE 23

Address

#### ORMOND BEACH FL 32174

City/State and Zip Code

#### DMOORE@MYRICKPOOLS.ME

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Donald Shon Myrick

<sub>at (</sub>386)

334-9822

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

III \$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

(Name of the Lim	ted Liability Company as it now appears on our t (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited for Florida document number	inbility Company were filed on 9/2/2020	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	
Enter new principal offices address, if appli		2020 NOV
(Principal office address MUST BE A STREA	ET ADDRESS)	109/2
		<b>=</b> -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
		**************************************
B. If amending the registered agent and/or agent and/or the new registered office addre		enter the name of the new registere
Name of New Registered Agent:	Hamid Reza Toutounchian	
New Registered Office Address:		
	Enter Florida street (	address
		, FloridaZip Code:
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Myrick Realty LLC

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.

X Amil A Javille
If Changing Registered Agent, Signature of New Registered Agent

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

IGR ≈ Manager

MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Hamid Reza Toutounchian	1457 N Us Highway 1 Ste	23√\dd
		Ormond Beach Fl 321	74_Remove
			hange
	Donald Shon Myrick	1457 N US Highway 1 Ste	923 <sub>\\dd</sub>
		Ormond Beach FL 321	174 Remove
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Hamid Reza Tout	tounchian MG	R		
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Effective date, if other than the date is a listed, the date must be Note: If the date inserted in this block locument's effective date on the Depar	specific and cannot be prior to does not meet the applical	date of filing or more th		
record specifies a delayed effective de d is filed.	ife, but not an effective tim	ne, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
	2020			
October 7	;	_ •		