## LZO 000269351

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	EAL ESTATES PRO. L	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this nutter	to the following:	
	Carl Senatus		
		Name of Person	
	The Real Estates Pr	o. LLC	
		Firm/Company	· · ·
	1964 Anderson Ln		
		Address	<del></del>
	Naples, FL 34120		
	<del></del>	City/State and Zip Code	
	therealestatespro@gmail.co		
	E-mail address (	to be used for future annual report not	dication)
	oncerning this matter, please c		
Carl Senatus		561 513-8998	
Name o	î Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for the	re 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

The Real Estates Pro, LLC

2020 OCT 28 PM 4:57

(Name of the Limited Liability Company as it now appears on a reserved Y OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000269351}{L20000269351}$ .	y were filed on $\frac{08/28/2}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
CARL HENRY SENATUS, LLC		
The new name must be distinguishable and contain the words "Limited Liab	orlity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida strea	n whites
	imer i uniai mye	
	Cnv	, Florida Ziv Code
		134 .51311

## 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.

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

1GR = Manager MBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>		<del> </del>	□Add
		<del></del>	
			□Clunge
			□Add
			□Remove
			□Change
	-	<del></del>	□ Add
			□Remove
			□Change
		- <del></del>	□ Add
			□Remove
			Change

If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date inserted in this	the date of filing:
record specifies a delayed effect d is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 17 Dated	2020 Allewy
	Faulure?
	Signature of a member or authorized representative of a member
	Carl H. Senatus