## K20000292085

(Requestor's Name)
(Address)
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(A ld )
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Entity Hame)
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## **COVER LETTER**

TO:	Registration Se Division of Cor		A	
e1!n 11		ealty L&R LLC	•	•
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Rick Pitts		
			Name of Person	
		Excelsior Realty L&R LLG		
			Firm/Company	
		1242 SW Pine Island Road	1#46	
			Address	<del></del>
		Cape Coral, FL 33991		
			City/State and Zip Code	· <del></del>
		rick@realtorrick.us		
		E-mail address: (	to be used for future annual report no	tification)
For fu	rther information c	oncerning this matter, please ca	all:	
Larain	ne McNeese		239 304-6190 at ( )	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEF In FH12: 09

If Changing Registered Agent, Signature of New Registered Agent

Excelsior Realty L&R LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L20000292085		and assigned
This amendment is submitted to amend the follow	/ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name</u> <u>here</u> :	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am factered agent as provided for in Chapter 605, F.S. Or, is gistered office address, I hereby confirm that the limit ange.	miliar with and f this document is

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 = M AMBR = A	Manager Authorized Member  Name  Address 21 SET 10 PH12: 09		
<u>Title</u>	<u>Name</u>	Address 21 SET 18 PATE	Type of Action
MGR	Ricky R Pitts	1242 SW Pine Island Rd #46	□Add
		Cape Coral, FL 33991	□Remove
		Change title to AMBR = Authorized Member	= Change
			□Add
			□Remove
			□Change
			🗆 Add
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1	This is the purpose of submitting t	the Title MGR. We need hin	21 551 19 14712.00
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f an e <u>Note</u>		pecific and cannot be prior to date loes not meet the applicable s	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 tatutory filing requirements, this date will not be listed as
	ord specifies a delayed effective date filed.	e, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day after the
Date	September 7	2021	
	1	7 2	

Filing Fee: \$25.00

Typed or printed name of signee