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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Dx	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



12/07/20--01037--009 \*\*30.00

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## COVER LETTER

0: **Registration Section Division of Corporations** 

Your life Realton LLC UBJECT:

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

Please return all correspondence concerning this matter to the following:

James McQuade Firm/Company Kingspointe Pkuy Saite 32 Orlando, FL 32819 City/State and Zip Code McQuade Real Estate Ogmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

at (<u>407</u>) <u>906 - 6508</u> Area Code Daytime Telephone Number ames

Enclosed is a check for the following amount:



🕱 \$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 A	AMENDMENT
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ARTICLES OF O	RGANIZATION
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YourLifeRealtor L	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	Jability Company)
	alashana
The Articles of Organization for this Limited Liability Company	were filed on <u>7/25/2020</u> and assigned
Florida document number <u>L20000 303 / 83</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
$\overline{T}$ $10$ $110$	
James McQuade LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
	<u>~</u>
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Powinters 4 August	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

Florida \_

Zip Code

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

## 1GR = Manager

MBR =	Authorized	Member

<u>fitle</u>	Name	Address	Type of Action
			🗆 Add
		<u> </u>	🖸 Remove
		·····	🗆 Add
			□Change
			□ Add
		<u>.</u>	
			□Change
			🖾 Add
			□Change
			🗆 Add
			🗆 Remove
			□Change

. . . ; •

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	12/1/2020	
	Jan Matt	
	Rignature of a member or authorized representative of a member	
	James M. Quade	
	f yord or printed name of signee	

Typed or printed name of signee

Filing Fee: \$25.00