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(Re	questor's Name)	
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COVER LETTER

		stration Sec ion of Corp		
our tra		POTENCY F	REAL ESTATE INVESTME	NTS LLC
SUBJEC	JT: _		Name of Lim	ited Liability Company
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.
Please re	eturn :	all correspon	dence concerning this matter	to the following:
			Emmanuel Anglade	
				Name of Person
				Firm/Company
			6635 TIME SQUARE AV	ENUE 103
				Address
			Orlando, FL 32835	
			manno80@yahoo.com	City/State and Zip Code
For furth	er int	formation co	E-mail address: (ncerning this matter, please co	to be used for future annual report notification)
Emmanu			, , , , , , , , , , , , , , , , , , ,	407 414-3864
		Name of	Person	Area Code Daytime Telephone Number
Enclosed	l is a	check for the	following amount:	
■ \$2 5.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address: stration Se		Street Address: Registration Section
	Divi		rporations	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TION — (1) 2021 JAN 25 AM 7: 58

POTENCY REAL ESTATE INVESTMENTS 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 Liability Company Florida document number <u>L20000304446</u>	were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the abbrev	viation "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 re	cords, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	City	2	Zip Code
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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

	: .	 t i

<u>Title</u>	Name	Address 2021 JAN 25 AK 7: 58	Type of Action
AMBR	Viergelie Joseph	2527 Coral Avenue	🗆 Add
		Kissimmee, FL 34741	\bullet Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
		· 	□Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted, 2021	
5 45 1	
Signature of a member or authorize	d representative of a member

Typed or printed name of signee