## LZO 000 313 993

| (Re                     | questor's Name)    |             |
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|                         |                    |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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## **COVER LETTER**

| Div                | ision of Cor  | porations                                    |  |  |
|--------------------|---------------|--|--|--|
| SUBJECT:           | ADVANCE       | REALTY III LLC- Adding A                     | Aurhorized Member  |  |
| SUBJECT:           |               | Name of Lin                                  | nited Liability Company  |  |
|                    |               |  |  |  |
| The enclosed       | I Articles of | Amendment and fee(s) are sub                 | omitted for filing.  |  |
| Please return      | all correspo  | ondence concerning this matter               | to the following:  |  |
|                    |               | Melanie De Armas                             |  |  |
|                    |               |  | Name of Person   |  |
|                    |               | ADVANCE REALTY III                           | LLC  |  |
|                    |               |  | Firm/Company   | <del></del>  |
|                    |               | 11010 SW 88 Street, Suite                    | 200  |  |
|                    |               |  | Address  |  |
|                    |               | Miami, FL 33176                              |  |  |
|                    |               |  | City/State and Zip Code  | <del></del>  |
|                    |               | Mdearmas@advancerealtyr                      | niami.com<br>to be used for future annual report noti            | Employ V   |
| For further in     | nformation co | oncerning this matter, please c              | •  | iteation)  |
| Melanie De .       | Armas         |  | 305 310-4562   |  |
|                    | Name of       | l'Person                                     |  | e Telephone Number   |
| Enclosed is a      | check for th  | e following amount:                          |  |  |
| <b>■</b> \$25.00 F | iling Fee     | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                    |               |  |  |  |

TO:

Registration Section

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

ADVANCE REALTY III LLC

company has been notified in writing of this change.

| (Name of the Limited Liability (<br>(A Florida Li  | Company as it now appears on our record imited Liability Company) | <u>s.</u> )                              |
|--|---|--|
| The Articles of Organization for this Limited Liability Con<br>Florida document number L20000313993          | mpany were filed on 10/5/2020                                     | and assigned                             |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited   | d liability company here:   |  |
| The new name must be distinguishable and contain the words "Limited  | d Liability Company," the designation "LLC                        | " or the abbreviation "L.L.C."           |
| Enter new principal offices address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDRES  | SS)   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                        |   | 2020 DEC -3                              |
| STURING WARTEST DE ATOST OFFICE BOAT   |   | : P TT : : : : : : : : : : : : : : : : : |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records, <u>enter</u>                        | the name of the new register             |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Florida street address                                      | · · · · · · · · · · · · · · · · · · ·    |
|  | Flo   | orida                                    |
|  |   | Zip Code                                 |
| New Registered Agent's Signature, if changing Registered A   | <del></del>   |  |
| hereby accept the appointment as registered agent and  | d agree to act in this capacity. I fur                            | ther agree to comply with th             |

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

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

| <u>Title</u> | <u>Name</u>  | Address                                | Type of Action        |
|--------------|--------------|--|-----------------------|
| AMBR         | Curtis Skomp | 98800 Overseas Hwy Key Largo, FL 33037 | <b>=</b> Add          |
|              |              |  | □Remove               |
|              |              |  | □Change               |
|              |              | <del></del>                            | □Add                  |
|              |              |  | □Remove               |
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|              |              |  | 7020 <u>a</u> FC      |
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| Hote.                 | tive date, if other than the date of filing:  [10/5/2020]  (optional)  (flective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the reco<br>cord is f | ord 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 filed.   |
|                       | 10/25/2020  |
| Dated                 |   |
| Dated                 | Melanie DeArmas   |
| Dated                 | Walania DaArmas Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00