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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIV	ision of Corp	porations				
eum irzer.	Residential	Movement Real Estate Referr		1		
SUBJECT:	_	Name of Limited Liability Company				
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Canard Thomas				
			Name of Person			
		Residential Movement Re-	al Estate Referral, LLC			
Firm/Company						
		4651 Salisbury Rd Suite 4	00 Unit 410			
			Address			
		Jacksonville, FL 32256				
			City/State and Zip Code			
		Broker@RMRE.Group				
			to be used for future annual report notiti	cation)		
For further in	iformation co	oncerning this matter, please c	all:			
Canard Thor	nas		904 322-1840			
Name of Person		Person	at () Area Code Daytime	Telephone Number	₹1. 20 HOV 16	
Enclosed is a	check for the	e following amount:			16	
		-			- 1 <u>C</u>	
≘ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	atus & 3	

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

Residential Movement Real Estate Referral, 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 were filed on 10/05/2020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: 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

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	Joanne Beepot	4651 Salisbury Rd Suite 400 Unit 410	= Add
		Jacksonville, FL 32256	□Remove
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ective date, if other than the d	ate of filing:			_ (optional)	
reffective date is listed, the date must b	e specific and cannot be pr	ior to date of filing	g or more than 90 c	days after filing.) P	ursuant to 605.0207
te: If the date inserted in this bloc cument's effective date on the Dep	artment of State's recor	ncable statutory ds.	rung requirem	ents, this date wi	n not be usied as
ecord specifies a delayed effective	date, but not an effective	time, at 12:01	a.m. on the earli	er of: (b) The 9	Oth day after the
s filed.					
November 12	2020				
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Canand.	Xx				
<u> </u>	gnature of a member or au	thorized represen	native of a membe	r	
Canard Thomas					
		nted name of sign			

Filing Fee: \$25.00