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2022 MAR -8 AM 6: 23 SEGRETANT OF STATE

A. BUTLER MAR 2 2 2022

COVER LETTER

- **(**

TO:	Registration Ser Division of Corp		•	
CUBIC		Real Estate LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		John Kazanjian II		
			Name of Person	
		J.Kazanjian Real Estate Ll	.c	
			Firm/Company	
		8164 154th Court N		
			Address	
		West Palm Beach/Florida/.	33418	
		Jkazanjianrealtor@gmail.co	City/State and Zip Code	
		• • •	to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please ca	all:	
John Ka	azanjian II		561 531-9393	
	Name of	Person		e Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	5.00 Fiting Fee	☐ \$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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED TO **OF**

2022 MAR -8 AM 6: 23

J.Kazanjian Real Estate LLC

SECRETARY OF STATE

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I		were filed on 11-17-	2020	and assigned
Florida document number L20000348418				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
John Kazanjian II Real Estate, LLC				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desig	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	·····	
(Principal office address MUST BE A STRE	ET ADDRESS)			
		-		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				-
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our reco	rds, <u>enter the name</u>	of the new registered
New Registered Office Address:	N/A			
		Enter Florida s	street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my provided for in Chap	duties, and I am fa oter 605, F.S. Or, i	miliar with and fithis document is

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>	Name	Address	Type of Action
			□Add
			□ Remove
			ElChange
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			(E)Change
			🗆 Add
			□ Remove
			□Change
-7-57			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Chance.

	N/A
	3-05-2022
Effe	ctive date, if other than the date of filing: (optional) frective 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 (
(II an o	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docu	ment's effective date on the Department of State's records.
the rec	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
ord is	
Date	d 1/
Date	· · · · · · · · · · · · · · · · · · ·
	/// MAT
	Signature of a member or authorized representative of a member
	Signature of a member of audionzed representative of a member

Typed or printed name of signee