LZ0000354368

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>ROSER</u>	Pud Realty LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Hannah air	Name of Person	
	Rosebud Rea	Hy UC Firm/Company	
	44 Lave Park	CIVAL B Address	
	Ormand Beach	O, FL 32174 City/State and Zip Code	
	Hannah - Ciny (Co	1 St Class Agents Con to be used for future annual report no	/ tification)
For further information c	oncerning this matter, please ca	·	
Hannam Clin	l i Person	at (3450) 103.9 Area Code Dayti	336 me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing 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 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

Y-Osebya Kealty, LLC	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	iv)
The Articles of Organization for this Limited Liability Company were filed on	1110912020 and assigned
Torida document number <u>L 2 0000354348</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	he designation "ELC" or the abbreviation "E.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)	51
B. If amending the registered agent and/or registered office address on o	ir records, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida
City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGK	Cydney Reagan	410 Black Oak In.	<b>X</b> Add
		Ormand Brown, FL 32174	🗆 Remove
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		□Add	
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Note:	ce date, if other than the date of filing:
ne record ord is file	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 ed.
Dated _	Olcember 20 2020
	Hannah R. Eline
	Signature of a member or authorized representative of a member  Hannah R. Cline Typed or printed name of signee