

620000358433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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03/19/21--01005--002 \*\*25.00

2021 MAR 19 PM 5:57



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2021

MATTHEW SIERRA  
REFUGE SERVICES GROUP INC  
6000 S. RIO GRANDE AVE - STE. 202A  
ORLANDO, FL 32809

SUBJECT: REFUGE SERVICES REALTY LLC  
Ref. Number: L20000358433

We have received your document for REFUGE SERVICES REALTY LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

Please remove the name in part A if you're not changing the entity name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 421A00003814

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Refuge Services Reality LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Sierra  
Name of Person

Refuge Services Reality LLC  
Firm/Company

6000 S Rio Grande Ave Suite 202A  
Address

Orlando FL 32837  
City/State and Zip Code

M.Sierra@Refugeservicesgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Sierra at ( 407 ) 9550045  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Refuge Services Reality LLC 11:57  
(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 3/10/21 and assigned Florida document number L20000358433

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Refuge Reality LLC  
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6000 S Rio Grande Ave  
Suite 202A  
Orlando FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3231 Timucua Circle  
Orlando FL 32837

**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:

6000 S Rio Grande Ave Suite 202A  
Enter Florida street address  
Orlando Florida 32809  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**