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DIVISION OF CORPORTIONS

JUN 2.1 2021 P. HUNT

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations					
CHRIECT.	CAIRY	O REALTY, LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		KEITH E. BRYANT, SR.				
		Name of Person				
		CAIYRO REALTY, LLC				
		Firm/Company				
250 WILSHIRE BLVD. Stc. 179						
	Address					
	CASSELBERRY, FL 32707					
		City/State and Zip Code				
	E-mail address: (kepreci@gmail.com to be used for future annual report noti	ification)			
For further information c	oncerning this matter, please c	·				
KEITH	BRYANT	407 491-1920 at ()				
Name o	f Person		ne Telephone Number			
Enclosed is a check for the	he 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 S	Section	Street Address: Registration Se				
Division of C	corporations	Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAIRYO REALTY,	, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company velocida document number		12/10/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :	
CAIYRO REALTY,			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			200 V.
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			CORRECTANT PP 12:
Mailing address MAY BE A POST OFFICE BOX)			07
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our re	cords, enter the na	ime of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Entar Florie	da street address	
	TWEE LEWIS		
	City	, Florida	Zip Code
	City		inp conc

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
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	n this block does not meet	the applicable statute	ing or more than 90 ory filing requirem	(optional) days after filing.) Pursuant t ents, this date will not b	o 605.0207 (3 e listed as th
he record specifies a delayed ord is filed.	effective date, but not an	effective time, at 12:0	I a.m. on the earl	ier of: (b) The 90th day	after the
Dated		B (/L)		-d	