

L200000388532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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2023 NOV -1 PM 12:58
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TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

MAHOGANY REALTY HOLDINGS LLC

SUBJECT: _____
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:

Anna Korolova

Name of Person

Protax Center Inc

Firm/Company

1679 East 19th Street, STE 2A

Address

Brooklyn, NY 11229

City/State and Zip Code

info@protaxcenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Korolova

718

645-0500

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2023 NOV - 1 PM 12:58

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

MAHOGANY REALTY HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 12/09/2020 and assigned
Florida document number L20000388532.

As amendment is submitted to amend the following:

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

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

CAP RATE IQ INC

New Registered Office Address:

7901 4TH ST N. STE 300

Enter Florida street address

ST. PETERSBURG

Florida

City

33702

Zip Code

By 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	LEAH MAMAN	3870 AMALFI DR	<input type="checkbox"/> Add
		HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	CAP RATE IQ INC	7901 4TH ST N, STE 300	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FL

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

- a. The 90th day after the record is filed.

Dated October 17 2023

Signature of a member or authorized representative of a member

ARIEL GORELIK

Typed or printed name of signee