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## **COVER LETTER**

		istration Se sion of Coi	ection rporations			
erin ire.	··1·.		Realtor LLC			
SUBJEC	, I i ,	· <u> </u>	Name of L	imited Liability Company		
The enclo	sed	Articles of	Amendment and fee(s) are si	ubmitted for filing.		
Please ret	turn	all correspo	ondence concerning this matt	er to the following:		
			Joseph Yolofsky, Esq.			
				Name of Person	······································	
			Yolofsky Law			
				Firm/Company		
			100 SE 3rd Ave. Suite 1	000		
			•	Address		.1
			Fort Lauderdale, FL 333	394		
			· · ·	City/State and Zip Code		
			ajy@yolofskylaw.com			
			E-mail address	: (to be used for future annual report noti	fication)	
For furthe	er in	formation c	concerning this matter, please	call:		
Joseph Y	ʻolof	sky		954 237.4011		
	•	Name o	of Person	Area Code Daytim	ne Telephone Number	
Enclosed	is a	check for t	he following amount:		2.	CO
<b>■</b> \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Statusek Certified Copy (additional copy is enclosed)	*****
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		Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	ER ADDRESS: 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mermaid Realtor LLC			
(Name of the Limited L.) (A F	ability Company as it now appears of forida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabil Florida document number 1.21000017272		021 and assi	igned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	;	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.l	IC."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET A	DDRESS)		
	· <del></del> -		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	registered office address on o address here:	our records, <u>enter the name</u>	
New Registered Office Address:	Enter Claviele	i street address	
_	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:	20	C)
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this char	nd complete performance of med agent as provided for in Chastered office address. I hereby age.	y duties, and I am familtar with apter 605, F.S. Or, if this docu confirm that the limited liability is a second confirm that the limited liability is a second confirm that the limited liability is a second confirm that the limited liability is a second confirm that the limited liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the liability is a second confirmation of the lia	h and ment is iy:
	If Changing Registered Agen	t, Signature of New Registered Agen	<u>1</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00