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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT:	RealAr <u>i G</u>	roup LLC	
SUBJECT:	Name of Lim	ited Luability 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:	
		Mariano Ortiz	
		Name of Person	
		RealAri Group LLC Firm Company	
		247 Grouper Ct.	
		Address	
		Kissimmee, FL 34759 City State and Zip Code	
		to be used for future annual report no	tilication)
For further information of	concerning this matter, please co	all:	
Mariano Ortiz			242-6785 ne Telephone Number
Name (of Person	Area Code Dayin	ne reteptione xumber
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee ■ See 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)
<u>Mailing Addre</u>	5 <u>8:</u>	Street Address:	
Registration	Section	Registration S	
Division of C		Division of Co The Centre of	
P.O. Box 632 Tallahassee.			oe Street, Suite 810
rammassee.	1. 1, 1/20/11T	Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RealAri Group				
(Name of the Limited Liability Company as (A Florida Limited Liabil	it <u>now appears on q</u> ity Company)	<u>ur records.</u>)	
The Articles of Organization for this Limited Liability Company wer	e filed on(01/29/20	21	and assigne
Florida document number L21000053480				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designa	tion "LLC"	or the abbi	
Enter new principal offices address, if applicable:		N/A	- 1	2021
Principal office address MUST BE A STREET ADDRESS)		_		
			25 23: 31	
				PZ
Enter new mailing address, if applicable:		N/A_	 :	
Mailing address MAY BE A POST OFFICE BOX)				29
3. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our record	ls, <u>enter tl</u>	he na <u>me</u>	of the new res
Name of New Registered Agent:		N/A_		
		N/A_		
Name of New Registered Agent: New Registered Office Address:	Enter Florida su		_	-
•	Enter Florida su			Zip Code

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
AMBR	Tracey-Ann Ortiz	247 Grouper Ct.,	<u>X</u> Add
		Kissimme FI 34759	= Remove
			= Change
			
			= Remove
			□Change
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ective date, if other than the date of filing:	, .: 1	,		
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or n	optional (optional)) a.) Pursu	ant to 60	15,02
e: If the date inserted in this block does not meet the applicable statutory filir	ng requirements, this date	e will n	ot be lis	aed :
ument's effective date on the Department of State's records.				
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) 1	he 90th	day aft	er th
filed.				
ed May 1st 2021				
-// <i>0.</i>				
Signature(oLassember or authorized representative	e of a member			

1000 10 635.00