## 12100054172

(R	equestor's Name)		
(A	ddress)		
(Address)			
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(D	ocument Number)	<u> </u>	
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SECALTARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: E & E. R	ealit M ame of Limited Liability Con	anagemonipany	ent.llc
The enclosed Articles of Amendment and fee	s) are submitted for filing	<u>.</u>	
Please return all correspondence concerning t	nis matter to the following	g:	
Er	Name of	Person JC	
<u> </u>	E Realit	Manag	gement. LCC
_3669	Prosper	ect Aver	nue_
	Palm be of City/State and		
Eng. r	Ralt manac Taddress: (1) be used for fu	vemento ure annual report notifica	gmail.com
For further information concerning this matter	r, please call:		
Errol Moses  Name of Person	at ( <u>5</u> Area	Code Daytime T	- 0308 elephone Number
Enclosed is a check for the following amount	:		
★ \$25.00 Filing Fee	f Status Certifie	Filing Fee & d Copy at copy is enclosed)	☐ S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Secti	on
Division of Corporations		Division of Corpo	orations
P.O. Box 6327		The Centre of Tal	папаѕѕее

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florid	Management. CC lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{1-29-21}{54172}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim  EEEERALLY Man  The new name must be distinguishable and contain the words "Lin	nited liability company here:  A Sement LLC  mited Liability Company." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	ZIZ3FEB
(Mailing address MAY BE A POST OFFICE BOX)	2 N
	SEFT. FI
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	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 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
		<del> </del>	□Add
			□Remove
	_		☐ Change
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			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_展	Changing name from  & E. Reality Management, LLC  & E. Reality Management, LLC	
<u>[</u>	a E. Reality Management, LLC	<u>to</u>
E	& E Realty Management, LLC	
	<i>J</i>	
(If an effecti Note: If	date, if other than the date of filing:	suant to 605.0207 (3 not be listed as th
the record s ford is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 900	h day after the
Dated	1-29-23	
	Signature of a member or authorized representative of a member	
	Errol Moses Typed or printed name of signee	