21000082862

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COVER LETTER

TO:

TO: Registration So Division of Cor		·			
	ons Realty Fl , LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Heith D Mohler				
		Name of Person			
	More Options Realty Fl , I	LLC			
					
	310 Cheney Hwy				
		Address			
	Titusville, Fl 32780				
		City/State and Zip Code			
	heithdmohler@gmail.com	1000			
For further information c	e-mail address; (to be used for future annual report noti all:	ncation)		
Heith D Mohler		330 958-0725 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration S Division of C		Registration Se Division of Cor			
P.O. Box 632	7	The Centre of T	allahassee		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

More Options Realty Fl , LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/18/2021}{1}$ _____ and assigned Florida document number L21000082862 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." 310 Chenev Hwy Enter new principal offices address, if applicable: Titusville, Fl 32780 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: New Registered Office Address: Enter Florida street address , Florida ____

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, <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>	Address	Type of Action
AMBR	NEAPOLITAN, JASON	5611 MARKET STBOARDMAN, OH 44512	□Add
			🖷 Remove
			□Change
			□Add
			□Remove
			[]Change
			□ Add
		 	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Mc4

					
					
					
				PT 5 ***	
				·===	
					 _
fective date, if othe	r than the date of fil	04/30/2021 ling:		(optional)	
an effective date is listed,	the date must be specific	and cannot be prior to	date of filing or more the	han 90 days after filing.) Pi quirements, this date wi	ursuant to 605.0207 (
	te on the Department of		he sutulory ming rec	furchients, and take wi	ii iidi be iisted us .
	red effective date, but r	not an effective tim	ie, at 12:01 a.m. on th	ne earlier of: (b) The 9	Oth day after the
l is filed.			7		
		2021	/.		
			1 I'		
April 30th		-	t/h-		
		-: - D l	t/h		
		K) l	ized representative of a	member	 .