## 621000093095

(Req	uestor's Name)	
bbA)	ress)	_
(Add	ress)	<u> </u>
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900403186529

21.25/2. 3.1122 -212 622.1

2023 FEB 28 PM 1:46

R. HUNT OZ/28/23

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
		RT DESIGNS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ondence concerning this matter	to the following:		
		ADOLFINA RAMIREZ			
			Name of Person		
			Firm Company		గ్రాప్త
		618 E SOUTH ST STE 50	0		787 Ers 28
		<del></del>	Address	1	7 B
		ORLANDO, FL 32801			528 PM I
		ADM.ANAINFANTE@GN	City/State and Zip Code	E E	B PM 1:46
		=	to be used for future annual report no	otification)	i O
For further in	nformation c	oncerning this matter, please c	all:		
ADOLFINA	RAMIREZ		929 229-9022		
	Name o	f Person	at () Area Code Dayti	ime Telephone Numbei	
Enclosed is a	n check for th	ne following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate € Certified Co radditional cor	of Status & opy
	iling Addres		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of Co			
P.C	). Box 632	.7	The Centre of	Tallahassee	
Tal	Hahassee, 1	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
	(A) white character company	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{0}{2}$	2/25/2021 and assigned
Florida document number L21000093093		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	nere:
WAAR REALTY LLC		5. 3
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the appreviation "L.L.C."
		22
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
		S III C
		J. L. P.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
STAILING GAGTESS STAT BE AT OST OFFICE	<u>. BUA</u>	
<ol> <li>If amending the registered agent and/or agent and/or the new registered office addr</li> </ol>		records, enter the name of the new reg
Sem and of the new registered office data.	Cha Here.	
Name of New Registered Agent:	AMIS SOLUTIONS LLC	
Name of New Registered Agent.		
New Registered Office Address:	1151 MIRANDA LANE	
	Enter Fl	orida street address
	KISSIMMEE	Florida 34741
	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 Changing Registered Agent Rignature 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□Remove
			□Change
			⊡Add
			□Remove
			Con Add
			S CO⊒Add
			SEE SINIE CONTROLL TO SEE SINIE 6
		<u> </u>	TAT 56
			□Add
			□Remove
			□Add
			□Change
			∐Add
			□Remove
			□Change

				<del></del>		-
						-
						-
			···	<u>.</u>		-
						-
	·					-
					:3:5 ::3:5 ::3:5	_
				A.	: 12 : 12 : 13	
				25.00 25.0	23 (	 
						î i
***				<del></del>	<u> </u>	j
			<del></del>	FLE	<u> </u>	-
						-
					····	-
						_
<del></del>		-				-
		<del>-</del>				-
Effective date, if other than the	date of filing: 01/0	1/2023		(optional)		
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	t be specific and cannot ock does not meet the	: applicable statuto	ng or more than 90 da ry filing requiremen	ys after filing.) Pu its. this date wi	irsuant to 60; Il not be list	5.0207 ted as
record specifies a delayed effectived is filed.	e date, but not an effe	ective time, at 12:0	l a.m. on the earlier	of: (b) The 9	0th day afte	er the
Dated FEBRUARY 22	202.	3				
	· ·	·				
/ / //						

Filing Fee: \$25.00

Typed or printed name of signee