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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , ,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:

TO: Registration Sect Division of Corp			
SUBJECT: 1094	ph's Re	alty LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Benji)	Name of Person	
		Firm/Company	
	26 NE 17	12 Streat	
	benji-1-1050	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ication)
For further information cor	ncerning this matter, please ca		
Peny log Naing of I	Person	at (<u>205)</u> <u>900 —</u> Area Code Daytimo	TOTAL Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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)
Mailing Address: Registration Se	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6327		Division of Corp The Centre of T	•
Tallahassee, Fl		2415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Same of the Limited Liability Co	ompany as it now appears on or nited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 2 1000 156</u> .	pany were filed on <u>Apri</u> 753	5,2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited"	LC.	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stro	vet address
		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 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>	Name	Address	Type of Action
MGR	Burnet Joseph	26 NE 17134 Street	Xdd
		26 NE 17134 Street Michi, FL 33162	□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
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E. Effective date, if other than the date of filing:	05.0207 (3 isted as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at ecord is filed.	fter the
Dated April 30,000, 2021.	
Signature of a member or authorized representative of a member	
Benji OSLA Typed or printed name of signee	

Filing Fee: \$25.00