KZ1 000 189557

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fakk Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only 5, C-



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COVER LETTER

TO: Registration So Division of Co				
	Realty LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Carolyn B Wilson			
		Name of Person	1.55	•
	Montague Realty LLC			
		Firm/Company		
	20 South Rose Avenue Si	uite 8		
	.	Address		•
	Kissimmee, Florida 3474	1	,	(D)
		City/State and Zip Code	-	
	carolw276@yahoo.co.uk			-
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual repo- all:	rt notification)	
Carolyn Wilson		407 518550 at ()		<u> </u>
Name c	of Person	Area Code D	aytime Telephone Number	- 2
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &
<u>Mailing Addre</u> Registration		Street Addre Registratio		
Division of C	Corporations	Division of	Corporations	
P.O. Box 632			of Tallahassee	10
Tallahassee,	FL 32314	2410 N. M	onroe Street, Suite 8	IV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Montague Realty LLC		
(Name of the Limited L (A F	ability Company as it now appears on our records, lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
lorida document number L21000189557	·	
his amendment is submitted to amend the followir	ag:	
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 Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<i>(</i> 2)
		•
 If amending the registered agent and/or regis gent and/or the new registered office address he 		name of the new registe
		> 1
Name of New Registered Agent:		= .7
New Registered Office Address:		24
The Megistered Office Address.	Enter Florida street address	
	, Floric	ła
_	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>	<u>Name</u>	Address	Type of Action
MGR	Carolyn B Wilson	2760 Kissimmee Bay Circle, Kissimmee, FL 34744	= Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remov € ∂
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		= 12	
F F f fectiv	ve date, if other than the date of filing: (optional	\sim	
(If an effe <u>Note:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing f the date inserted in this block does not meet the applicable statutory filing requirements, this date nt's effective date on the Department of State's records.	g.) Pursuant t e will not b	o 605.0207 (3 e listed as th
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day	after the
record is file	u.		
	JUNE 25 . 2021. Carolina Wilstr. Signature of a member or authorized representative of a member		_

Filing Fee: \$25.00