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(Requ	uestor's Name)	
(Addi	ess)	
AbbA)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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RECEIVED

2022 FEB -7 PM 1:43

SECRETARY OF STATE TALLAHASSEE, FL

January 19, 2022

MARIA HUNTE-POPE 3223 32ND WAY WEAT PALM BEACH, FL 33407

SUBJECT: FIRE 1 REALTY LLC Ref. Number: L21000214367

We have received your document for FIRE 1 REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00001383

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIRE I REACTY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA HUNTE-POPE Name of Person
REAL RN 4 U LLC Firm/Company
3223 32 Nd WAY
WEST PAUM BEACH, FL 33407 City/State and Zip Code
REALRN 4U@ 6. MAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: MARIA HUNTE-POPE at (561) 1035-7364
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRE	REAL	πY 2022 FEB -7 M1 C+ U9
(Name of the Limited L. (A F	iability Comp Iorida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liabil	ny were filed on 5/7/2021 and assigned	
Florida document number <u>L2100021436</u>	7	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the REAL RN 4 U The new name must be distinguishable and contain the words	1 60	bility Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		3223 32 nd WAY
(Principal office address MUST BE A STREET A		WEST PALM BEACH, FL 33407
Enter new mailing address, if applicable:		3223 32 nd WAY WEST PAUM BEACH, FL 33407
(Mailing address MAY BE A POST OFFICE BO)	<u>v</u>	WEST PHUN PRHATI PL 22/01
agent and/or the new registered office address he Name of New Registered Agent:	ere:	e address on our records, enter the name of the new registered 32 Nd WAY
Lieu Daguia da Ottida Hadioni.		Entar Elavida etrass addrese
	WEST	PALM BEACH , Florida 33407 Zip Code
		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
<u>mgr</u>	VALERIE PHILLIPS	Address 5329 ISLAND GYPSY DR. GREENACRES, FL 33463	DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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reffective date is l te: If the date in	other than the date of filing:	
cord specifies a s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ted	12-28-202 Main furth fore Signature of a member or authorized representative of a member MARIA HUNTE-10PE Typed or printed name of signee	
	Signature of a member of authorized/representative of a member	