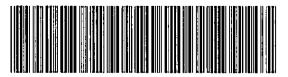
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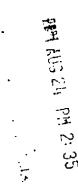
(Requestor's Name)
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

SOFLORI SUBJECT:	EALTOR LLC		
Jobanet.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter		
	Markus Schulz		
		Name of Person	
	Real Estate		
		Firm/Company	
	1813 NE 2nd Street		
		Address	
	Pompano Beach FL 33060)	
		City/State and Zip Code	
	Markus.flsales@gmail.com		
	E-mail address: (to be used for future annual report not	ofication)
For further information of	concerning this matter, please c	all:	
Markus Schulz		561 846-0878	
Name (of Person		ne Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rs on our records.)
25/2021 and assigned
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lesignation "L.L.C." or the abbreviation "L.L.C."
<u> </u>
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ယု ecords, <u>enter the name of the new registe</u>
ida street address
iaa sirvei aaaress

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.

City

Zip Code

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
President	Markus Schulz	1813 NE 2nd Street Pompano Beach FL 33060	≣ Add
			□Remove
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ecord specifies a delayed e is filed.	ffective date, but not a	n effective time	e, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
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