## L21000244479

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D CUSHING

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: James Ellis Realty 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:	
Allison James-Ellis	
James Ellis Realty LLC	
14374 Bending Branch CT	
Orlando, FL, 32824  City/State and Zip Code  At your service realtor @ outlook - 60  E-mail address: (to be used for future annual report notification)	
At your service realtor out 10015 - 60	,m
For further information concerning this matter, please call:	קריייני <i>ו</i> קריייניו
Allison James-Ellis at 954 856 4339 R	- 1-224 - 1-224 - 1-224
Enclosed is a check for the following amount:	- Cura
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
P.O. Box 6327 The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



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2022 FEB 22 PM 12: 12

SECRETARY OF STATE TALLAHASSEE, FL

January 19, 2022

ALLISON JAMES-ELLIS JAMES ELLIS REALTY LLC 14374 BENDING BRANCH CT ORLANDO, FL 32824

SUBJECT: JAMES ELLIS REALTY LLC

Ref. Number: L21000244479

We have received your document for JAMES ELLIS REALTY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing Senior Section Administrator

Letter Number: 922A00001464

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Ellis Re	any as it now appears on our records.) Liability Company)	<del>, , , ,</del>		
The Articles of Organization for this Limited Liability Company Florida document number <u>L210002444</u> 4	y were filed on <u>05/25/2</u> 279	2021 at	ıd assiy	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial  Allison Kale James - I  The new name must be distinguishable and contain the words "Limited Liab	<u> </u>	the abbreviati	on "L.I.	. <del></del>
Enter new principal offices address, if applicable:			20	
(Principal office address MUST BE A STREET ADDRESS)			72 <del>-</del>	= 7-3-
Enter new mailing address, if applicable:			EB 22 P	· L
(Mailing address MAY BE A POST OFFICE BOX)			<del>- :::\</del> دى	3-3
(Maining underess STAT DE A FOST OFFICE DOA)		r-, .	ςη Ο	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of th	<u>e new</u>	registerec
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Floric	da		
	Ciw		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
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Remove
			∐Change
			L∐Add
			□Remove
			□Change
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an effectiv T <b>ote:</b> If th	date, if other than the of edate is listed, the date must be date inserted in this blocks effective date on the Dep	be specific and cannot be ak does not meet the	applicable statutory	or more than 90 days	optional) after filing.) Pursuant to 605 , this date will not be list	5.0207 ( ed as t
Lis tilled.	ecities a delayed effective				f: (b) The 90th day afte	r the
ated	12/17/20 ag	21				
		1.11 1				
	all.	ignature of a member	r authorized recessed	wive of a mombor		

Filing Fee: \$25.00