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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

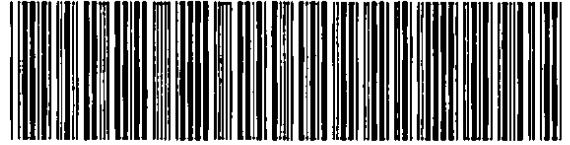
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. MATTHEWS

DEC - 1 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -4 AM 10:40

September 28, 2021

MARK D. MCWILLIAMS, ESQ
54 NE 4TH AVE
DELRAY BEACH, FL 33483

SUBJECT: LAURA MORITZ REALTY CONSULTING, LLC
Ref. Number: L21000300052

We have received your document for LAURA MORITZ REALTY CONSULTING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews
OPS

Letter Number: 121A00023347

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LAURA MORITZ REALTY CONSULTING 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:

MARK MCWILLIAMS
Name of Person

KALEEL & ASSOCIATES
Firm/Company

54 NE 4TH AVE
Address

DELRAY BEACH, FLORIDA 33483
City/State and Zip Code

mmewilliams@kmkpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK D. MCWILLIAMS, ESQ. at (561) 279-4201
Name of Person Area Code Daytime 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 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

already paid #43.75

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

21 NOV -6 PM 1:26

LAURA MORITZ REALTY CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L21000300052.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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:

167 SAND PINE DR

(Principal office address MUST BE A STREET ADDRESS)

JUPITER, FLORIDA 33477

Enter new mailing address, if applicable:

167 SAND PINE DR

(Mailing address MAY BE A POST OFFICE BOX)

JUPITER, FLORIDA 33477

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street 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

21 NOV -6 Pm 1:26

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

