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COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT:	Nichelle Tell Name of Limi	Real Estate, ited Liability Company	116
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michelle	Tell Name of Person	
	Michelle	Tell, LLC Firm/Company	
	<u>20312</u>	Railroad Ave	——————————————————————————————————————
	Highs	Prings F2 32 City/State and Zip Code Lell Ommoarris to be used for future annual report noti	2643
	F-mail address: (tell emmpani	sh. com
For further information co	oncerning this matter, please ca		က ယ ယ
Michell	Tel 1 Person	at (<u>352)</u> <u>283</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	_		
□ \$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 Co	ection	Street Address: Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dool Estate

IT I CHETTE LET		siare LL	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	ni out recorus.)	
ne Articles of Organization for this Limited Liability Company orida document number <u>L21000318907</u>	were filed on	13/2021	and assigned
his amendment is submitted to amend the following:			
its affendment is submitted to affend the following.			
If amending name, enter the new name of the limited liab	ility company here	:	
Michelle Tell, LLC e new name must be distinguishable and contain the words "Limited Liabi			
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	NA		
rincipal office address MUST BE A STREET ADDRESS)	·		633
			ري : •
iter new mailing address, if applicable:	NJA		ંડ [ા]
ailing address MAY BE A POST OFFICE BOX)			
·			:.
	****		**・ この ***
If amending the registered agent and/or registered office ent and/or the new registered office address here:		ords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	,		
New Registered Office Address:	Enter Florid	a street address	<u> </u>
		Flanida	
	Cin	, Florida	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

 $\Delta\Delta$, also all a

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
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of e: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	(option. or more than 90 days after fil iling requirements, this d	ing.) P	urswint to 605.02 ill not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.s filed.		The 9	X)th day after th
ed 21st, April 2023 Mechelle Signature of a member or authorized representation Michelle Tell Typed or printed name of signature of			