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(Req	uestor's Name)	
(Addr	ress)	_
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(City/	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: KV	DD REGI ESTAT	C CLID REFERY (ted Liability Company	als LLC
The enclosed Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	_Amanda	RUPP Name of Person	
	_ Rupp Re	al Estate refer	rals
	1411S WOOD	I Address	
	Deland	FL 32725 City/State and Zip Code	
	team Rupprec	U. O. O. Mar. 1 - CO. O. o he used for Hiture annual report notif	ication)
For further information ec	oncerning this matter, please ca	ili:	
Pmanda Name of	Person	at (<u>407</u>)S4)Daytime	-5858 : Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rup Real Estate referrals LCC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	y were filed on \(\sigma \)	$\sqrt{27}^{m}2021$ and assigned
Florida document number <u>L21000340312</u>	were fried on	and assigned
Florida document number <u>L& 1000</u> 10 <u>J1</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
Name Description of OCCOR Address of		:
New Registered Office Address:	Enter Florida si	reet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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
mbr	Pmanda Rupp	14115WOOdland Blud peland FL 32720	XiAdd
			□Remove
			□Change
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			□Remove
			Channa

famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary)
 -	
 -	
an effecti lote: H	date, if other than the date of filing:
record s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated	9122121
	Signature of a member or authorized representative of a member
	19manda 12mpp