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SECRETARY OF STEEL AND ASSECTION OF STEEL



## COVERLETTER

TO: Registration Section Division of Corporation		•	
SUBJECT:	Name of Limite	A REALTY d Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are submi	ued for tiling.	
Please return all correspond	ence concerning this matter to	the following:	
	1001	Name of Person	
		n LEATY L Firm/Company	
		HISPCUS TR.	
	WINTER	HAVY FL	33834.
	E-mail address: (to	City/State and Zip Code  A HT TEAM  be used for future annual report notif	7, COM.
For further information con	eerning this matter, please cal		
	#UT	at (863) 285 Area Code Daytim	3 4833
Name of F	Person	Area Code Dayum	e rerephone reamocr
Enclosed is a check for the	following amount:		
S25.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED

2022 SEP 30 PH 4: 36

**(7)** 

AUT TEA	of LEATY TALLAHASSEE ILL
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on 07 30 2021 and assigned
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:	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
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 A	
I hereby accept the appointment as registered agent an	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and may as provided for in Chapter 605, F.S. Or, if this document is

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
AMBR	DANIEL HUT	3268 WHIPERULTURIS MU WINTER HAVE FL 3388	E BANGH
		WINTER HOWEN FL 33 83	Remove
			□Change
			□Add
		<u> </u>	Remove
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			□Change

1 amendu	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del> · = -</del>	
<del></del>	
(If an effective Note: If t	date, if other than the date of filing:  (optional)  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
ne record spord 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
Dated	SUT 30 2022
	Signature of genember or authorized representative of a member
	IULIA HUT

Filing Fee: \$25.00