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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

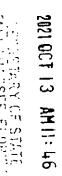
Office Use Only



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OCT 257001 A RAMSEY

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Arela Dedej Real Estate (LC 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:	
Arela Dedej Name of Person	
Arela Dede, Beal Estak LLC	
2830 Riverside Dr Apt 207c	
Coral Springs / FL 33065	
E-mail address: (whe used or future annual report notification)	
For further information concerning this matter, please call:	
Acela Dede al (954) 204-8860	
Acela Dede at (954) 204-8860 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status ☐ \$60.00 Filing Certificate of Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Certified Copy (additional copy to additional co	Status &

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

FILED

ARTICLES OF ORGANIZATION

OF

2021 OCT 13 AM 11: 46

Arela Dede Real Estate LLC MANAGER FLORE
(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 Florida document number $L2100368171$	were filed on <u>Ac</u>	and assigned عرور	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" 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:			
(Muiling 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: Name of New Registered Agent:	address on our re	cords, enter the name of the new register	<u>ed</u>
New Registered Office Address:			
	Enter Florie	da street address	
		, Florida Zip Code	
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	-		
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of no provided for in Ci	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is	·C·
If Cha	nging Registered Age	nt, 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
M.G. <u>R</u>	Arela Dedej	2830 Riverside Dr	\(\overline{\sqrt{\pi}}\) \(\dd\)
		Apt 207c	□Remove
		Apt 207c Coral Springs FL 33065	□Change
			□Add
			□Remove
			ClChange
			ClAdd
			□Remove
			□Change
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n effective date is li <u>)te:</u> If the date in	other than the date sted, the date must be sp serted in this block d re date on the Departi	pecific and cannot boos not meet the	applicable statuto	ng or more than 90 or ry filing requirem	_ (optional) lays after filing.) Persus ents, this date will no	ant to 605.0207 of be listed as
ecord specifies a is filed.	delayed effective date	e, but not an effe	ctive time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after the
ned Octol	oer 3		21			
	Signa	ature of a hiember of	or authorized repres	entative of a membe	<u> </u>	
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Filing Fee: \$25.00