L21000401165

(Requestor's Name)	
	Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(Business Entity Name)	
	Document Number)	
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COVER LETTER

	egistration Se ivision of Cor				
·		Realty ERA Powered, LLC			
SUBJECT	:	Name of Lim	ted Liability Company		
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		John Tomlin			
		John Tomlin Name of Person Gulf Shores Realty ERA Powered, LLC Firm/Company 3907 Henderson Blvd., Suite 100 Address			
		Gulf Shores Realty ERA P	owered, LLC		
			Firm/Company		
		3907 Henderson Blvd., Sui	te 100		
			Address		
		Tampa, Fl 33629			
			City/State and Zip Code		
		john.tomlin@tomlinsteyr.co			
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual re ail:	port notification)	
John Tom	lin		813 789- at ()	1237	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed i	s a check for th	ne following amount:			
≡ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
F	Tailing Address	Section	_	tion Section	
	Division of C P.O. Box 632	Corporations 27		of Corporations tre of Tallahassee	
	allahassee,		2415 N.	Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 26 PM 12: 20

Gulf Shores Realty ERA Powered, LLC		SEL. LINE
(Name of the Limited I (A f	iability Company as it now appears on our records.) lorida Limited Liability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited Liabi	lity Company were filed on 9/9/2021	and assigned
Florida document number L21000401165	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis	· · · · · · · · · · · · · · · · · · ·	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Flori	
	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 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
MGR	Tracy Jones	981 Ridgewood Avenue Venice, Fl 34285	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective date, if ot fan effective date is list	ther than the date of f ted, the date must be specifi	filing:	to date of filing or m	ore than 90 days after	ional) er filing.) Pursuant	to 605.0207
Note: If the date ins	erted in this block does it date on the Department	not meet the applica	ible statutory filin	g requirements, th	is date will not b	e listed as
e record specifies a ded d is filed.	elayed effective date, bu	t not an effective ti	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day	y after the
September 22 Dated		2022				

Typed or printed name of signee