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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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TALLAHASSEF ENTE

A. BUTLER MAR 14 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: ALL IN O	NE REALTY TEAM LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Natalia Nikitina		
		Name of Person	
		Firm/Company	
	14026 Oviedo Pl	Address	
	Fort Myers Florida 33905		
		City/State and Zip Code	
	nikitinanm@yahoo.com E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Natalia Nikitina		at (305) 5874106	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[3] \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ALL IN ONE REALTY TEAM LLC

(Name of the Limited Liability Company as it now appears on 807 records.) + PH-2: 46

(A Florida Limited Liability Company)

SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company were filed on 09/08/20 ALLAHASSEE. Fland assigned Florida document number <u>1.2100040</u>4988 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Success NN Realty LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

Title	Name	Address	Type of Action
			EJAdd
			□Remove
			□Add
			□Remove
			ClChange
		□Add	
			[]Change
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fect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ited	February 28th 2022
	Signature of a member of authorized representative of a member