L21000423872

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S. PRATHER

COVER LETTER

TO:

TO: Registration Se Division of Cor		·	
	REAL ESTATE LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN ROBERT FULLER		
		Name of Person	
	JOHN ROBERT FULLER		
		Firm/Company	
	910 WEST AVE. APT. 22	6	
		Address	
	MIAMI, FL 33139		
		City/State and Zip Code	-
	john.robert.fuller@gmail.co		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
JOHN ROBERT FULLI	€R	305 900-7077 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 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 S		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632		The Centre of Ta	
Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULLER REAL ESTATE LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	(S)	
The Articles of Organization for this Limited Liability Company		and assigned	
Florida document number L21000423872			
This amendment is submitted to amend the following:		↓	
A. If amending name, enter the new name of the limited liab	ility company here:		
IOHN ROBERT FULLER LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	910 WEST AVENUE APT. 226		
Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139		
Inter new mailing address, if applicable:	910 WEST AVENUE APT. 226		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL 33139		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter the nam</u>	ic of the new regis	
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 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
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
		·	□Change
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Effective date, if othe	or than the date	2/20/2025		(optional)	
If an effective date is listed	, the date must be s ed in this block o	pecific and cannot be prio loes not meet the appli	cable statutory filing r	(optional) than 90 days after filing.) Pt equirements, this date wil	irsuant to 605,0207 (If not be listed as t
e record specifies a dela rd is filed.	yed effective dat	e, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
2/20/2025 Dated		72:01 a.m.	71	11	. 2
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Typed or printed name of signee