## 121000429755

(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
	A Nove to a Nove	
(υ	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corp.		•	
SUBJECT: FTG	Realty LLC Name of Limi	ted Liability Company	<del></del>
	mendment and fee(s) are subtence concerning this matter to		
riease return air correspon	Steve Atul	Name of Person	
	ETS Bealt		
	North Miam	Address  Address  City/State and Zip Code  Company Com	fication)
For further information co	ncerning this matter, please ca	all:	
Steve At	Person	at $(780)$ 658- Area Code Daytim	- OOST Telephone Number
Enclosed is a check for the	e 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 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

EJS Realty LLC		·
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1210042975	- · · · · · · · · · · · · · · · · · · ·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "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:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
		· · · · · ·
Name of New Registered Agent:		<u>. 22</u>
New Registered Office Address:		<u> </u>
	Enter Florida street address	2
	, Florida _	
	City	Zip Code -
New Registered Agent's Signature, if changing Registered Agent:		<del>L</del>

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Steve Atulus	810 NE 135th Street	\S_Add
		North Miami, Fl 331	61 Remove
			t <sup>¬</sup> Change
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<u> Yote:</u>	ive date, if other than the date of filing:  (optional)  ective 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  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.
4 ic 61	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.
ام د سد	October 7th 2021
rated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00