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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

: (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future  $\dot{\phantom{a}}$ annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARPE REAL ESTATE BROKERAGE, LLC

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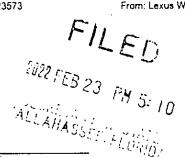
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K. SALY

FEB 2 4 2022

From: Lexus Wingo

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



CARPE REAL ESTATE BRO	KERAGE LLC	
(Name of the Limited Liability Company as it is (A Florida Limited Liability t	tow appears on our records.) Company)	· ·
The Articles of Organization for this Limited Liability Company were ti	led on November 16, 2021	_ and assigned
Florida document number <u>L21000490171</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	oany," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		. <u>.                                   </u>
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
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 agent and/or the new registered office address here:	on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
Cir	, Florida	Zıp 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>	Name	Address	Type of Action
<u>VP</u>	Lisa Morales	240 N.W. 25TH ST. APT 713	■Add
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Factiv	e date, if other than the date of filing:	
in effec	tive time is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.020	) 7ر
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record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after th	Ľ
18 1110	<u>.</u>	
ited _	February 23 , 2022 .	
	/s/Noemi Romero	
	/s/Noemi Romero Signature of a member or authorized representative of a member	