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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
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COVER LETTER

TO:	Registration S Division of Co		• -	•	
SUBJE	INFORMA	ATIVE REALTY LLC	·		
SUBJE	ÇI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		EVAN RICHARDSON			
•			Name of Person		
			Firm/Company		
		2003 TIMBERLINE DR			
			Address		
		NAPLES, FL 34109			
		City/State and Zip Code			
		informativerealty@gmail.co E-mail address: ()	om to be used for future annual report notifi	cation)	
For furth	her information	concerning this matter, please ca	all:		
EVAN!	RICHARDSON		-at(339) - 9193	3 <i>72</i> 3	
	Name	of Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for	the following amount:			
≡ \$25	.00 Filing Fec	☐ \$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 Addre	28S:	Street Address:	4:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

assigned
LLC."
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Carren (gran)
में हु हैं क्याडाचा
11-1-67

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 a 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.

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being authorized or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			
			□Add
			□Remove
			☐ Change
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Effective date, if other than the	lock does not meet the app	olicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 60 ements, this date will not be lis	5.0207 ted as
fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	repartment of State's recor			
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Note: If the date inserted in this be document's effective date on the E erecord specifies a delayed effective dis filed. December 1			arlier of: (b) The 90th day afte	er the
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Note: If the date inserted in this be document's effective date on the E erecord specifies a delayed effective dis filed. December 1	ve date, but not an effectiv			er the