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2022 APR -5 PM 3:38 SECRETARY OF STATE

A. BUTLER APR 1 9 2022

COVER LETTER

TO:	Registration Se Division of Cor		•	ı
eun re		REALTY LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		TEVI D LAWSON		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		POLARIS REALTY LLC		
		<u> </u>	Firm/Company	
		10948 DUNCAN ST.		
			Address	
		SEMINOLE, FL 33772		
		1,	City/State and Zip Code	
		tevi@gulfsandbay.com		
		E-mail address: (to be used for future annual report no	tification)
For furt	her information of	concerning this matter, please c	all:	
TEVI	LAWSON		727 200 5627	
	Name o	f Person		ne Telephone Number
Enclose	ed is a check for the	he following amount:		
■ \$2 5	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5		Street Address: Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632		The Centre of	
	Tallahassee, l	r に 34 3 1 4	2413 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Authenbagn ID: 8FEE6056-1281-EC11-997E-501AC586C879

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -5 PM 3: 38

POLARIS REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.) HASSEE, FI

The Articles of Organization for this Limited Liability Company Florida document number <u>L22000054646</u>	were filed on $\frac{02/01/202}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designati	ion "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Z.p Code

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.

Authenbisgn ID 8FEE6056-1281-EC11-997E-501AC586CB79

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	TEVI D LAWSON	10948 DUNCAN ST. SEMINOLE, FL 33772	\exists Ad d
			□Remove
		 	□Change
			□Add
		 	□Remove
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			Remove

_____ □Change

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TEVI D. LAWSON	•					
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