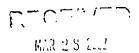
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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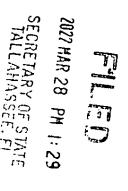
Office Use Only



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93/23/22--01004--027 **25.00



COVER LETTER

ζ,	tion Section of Corporations	
SUBJECT:	Minadie Realty Group LLC. Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	Ryan Mingdie Name of Person	
	Firm/Company	
	7712 Fernbrook Way	
	Winter PAIL FL 32792 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Ryo	Name of Person at (407) 765 - 9990 Area Code Daytime Telephone Number	
Enclosed is a checl	k for the following amount:	
\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

FILED

Minsdie	Realty Group 2022 HAR 28 PM 1:29
(Name of the Limited Liability (A Florida I	Company as it now appears on our representation of STATE Climited Liability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co Florida document number <u>レススののつ93</u>	empany were filed on $\frac{3/4/27}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<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 agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida City Zip Code
	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
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an effective ote: If the	ate, if other than the date is listed, the date in this edate in this effective date on the	nust be specific an block does not	d cannot be prior meet the applica		more than 90 day:	s after filing.) Purs	
ecord spe is filed.	cifies a delayed effec	tive date, but no	t an effective tii	ne, at 12:01 a.m	. on the earlier (of: (b) The 90th	n day after the
nted	March	25	. 2022	·			
			· m	7			
~		Signature of a	member or autho	rized representati	re of a member		
		a		linadie d name of signee			