

L22 000 101 143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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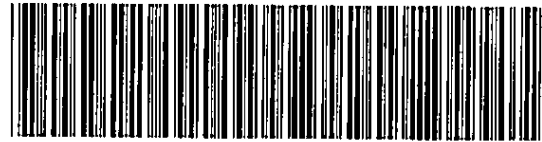
(Business Entity Name)

(Document Number)

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EXP-52
R. HUNT
CLERK OF STATE
TALLAHASSEE, FL

2022 OCT 18 AM 10:39

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Realest Estate LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW RUFFINI

Name of Person

The Realest Estate LLC

Firm/Company

701 Southeast 15th st, apt 11

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

RealestEstate411@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

MATTHEW RUFFINI

Name of Person

at (754)

Area Code

235-4422

Daytime Telephone Number

Enclosed is a check for the 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 910

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February , 25th 2022 and assigned
Florida document number L22000101143.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

701 Southeast 15th st, apt 11

Fort Lauderdale, Florida 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 Southeast 15th st, apt 11

Fort Lauderdale, Florida 33316

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATTHEW RUFFINI

New Registered Office Address:

701 Southeast 15th st, apt 11

Enter Florida street address

Fort Lauderdale

City

, Florida 33316

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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|---|---|
| <u>MGR</u> | <u>MATTHEW RUFFINI</u> | <u>701 Southeast 15th st, apt 11, Fort Lauderdale, FL 33316</u> | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>DAVID QUENNEVILLE</u> | <u>701 Southeast 15th st, apt 11, Fort Lauderdale, FL 33316</u> | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Typed or printed name of signee