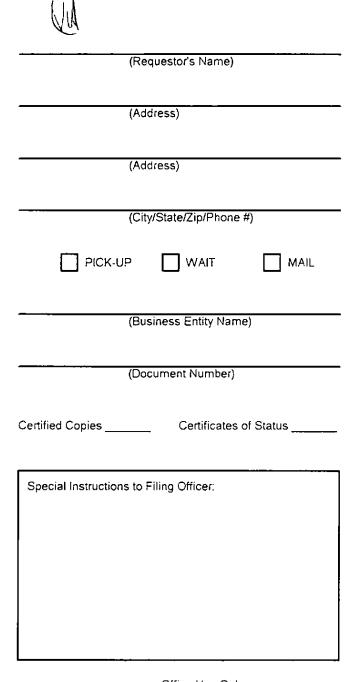
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Office Use Only



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SECRETARY OF STATE

1004 JAN 23 PM St

COVER LETTER

TO: Registration S Division of Co			•	
Amarah Re	ealty LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Amarah Benny			
		Name of Person		
	Amarah Benny LLC			
		Firm/Company		
	16001 Ollivett Street			
		Address		
	Winter Garden FL 34787			
		City/State and Zip Code	.	
	abenny@therealestatecolle	ction.com		
	E-mail address:	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please o	all:		
Amarah Benny		407 9879587 at ()		
Name o	of Person		: Telephone Number	
Enclosed is a check for t	he 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:		Street Address:	Ai au	
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amarah Realty LLC		
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	_
he Articles of Organization for this Limited Liability Company were fill lorida document number 1.22000148059	led on 03/28/2022 and	assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability cor	npany here:	
marah Benny LLC		
ne new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	n "L.L.C."
and the second of the second drops of applicables		
nter new principal offices address, if applicable:		_
rincipal office address MUST BE A STREET ADDRESS)		-
	<u></u>	3
	TALE CALL	<u>. </u>
nter new mailing address, if applicable:	771 C	Π
Aailing address MAY BE A POST OFFICE BOX)	長 2	3
duting underess inter integral cost of trees issuing	SC T	, 111
		
. If amending the registered agent and/or registered office address	·	
gent and/or the new registered office address here:	ra;)
M		
Name of New Registered Agent:	-	<u></u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
Cin	· /m ((MA)

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>	Address	Type of Action
			🗆 Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			∏ Change

Page 2 of 3

	
-	
Note: If	date, if other than the date of filing:
the recor) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	Jan 20 . 2024. Imaxet Businesses a member of authorized representative of a member
	Amaril Burg
	rightainte by a member of authorized representative of a member
	Amarah Benny
	Typed or printed name of signee

Page 3 of 3