L22000186500

(Re	equestor's Name)	
(Ad	dress)	
(Åd	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	_
	<u>-</u>	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ACTIVA REALTY	', LLC.			
		<u> </u>	†	
			-	
				Art of Inc. File
		· · · · · · · · · · · · · · · · · · ·]	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<u></u>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
			<u> </u>	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by:BA	12/21/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	_ Will Pick Up			Courier

COVER LETTER

	sion of Cor				
SUBJECT:		EALTY, LLC.			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MALGORZATA J KON,	ESQ.		
			Name of Person		
		KON & ASSOCIATES, I.	LC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	 	
		2131 HOLLYWOOD BLV	VD., SUITE 507A		
HOLLYWOOD, FL 33020			Address	 	
		HOLLYWOOD, FL 33020			
			City/State and Zip Code		
HOLLYWOOD, FL 33020					
For further in	formation c		•	notification)	
Malgorzata J	Kon		954 925-4102		
	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		<u>Street Address</u> Registration		
Div	ision of C	Corporations	Division of C	•	
). Box 632 lahassee. I			of Tallahassee nroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 21 AM 8: 31

ACTIVA REALTY, LLC.		
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.) TALLAHASSIC. FL
The Articles of Organization for this Limited Liability	Company were filed on 05/04/2022	
Florida document number L22000186500	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registere
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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
AMGR	AMC Wealth Management LLC	6161 NW 2nd Avenue, #421, Boca Raton, FL 33487	= Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
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(If an effecti Note: If	date, if other than the date of filing: [12/16/2022] (optional ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this day's effective date on the Department of State's records.	ng.) Pursua		
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th	day after	the
Dated	December 16 2022 July July			
	Signature of a member or authorized representative of a member ACTIVIA REALTY, LLC Typed or printed name of signee			

Filing Fee: \$25.00