

L220000192943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

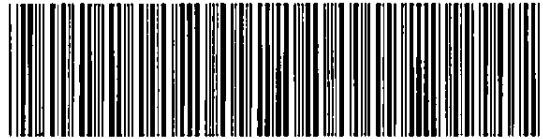
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

U. Mills

Office Use Only



400423203394

02/12/24--01016--011 \*\*25.00

FILED  
2024 FEB 12 PM 3:36  
SEC  
TAL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARIZE REALTY GROUP, 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:

YOLANDA PAIGE  
Name of Person  
ARIZE REALTY GROUP, LLC  
Firm/Company  
P.O.BOX 677404  
Address  
ORLANDO, FL 32867  
City/State and Zip Code  
arizemanagegroup@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA PAIGE 321 662-6432  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ARIZE REALTY GROUP, LLC

(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 05/11/2022 and assigned  
Florida document number L22000192943.

This amendment is submitted to amend the following:

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

ARIZE MANAGEMENT GROUP, LLC

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)**

509 SOUTH CHICKASAW TRAIL #237

ORLANDO, FL 32825

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

509 SOUTH CHICKASAW TRAIL #237

ORLANDO, FL 32825-

**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:

YOLANDA PAIGE

New Registered Office Address:

509 SOUTH CHICKASAW TRAIL #237

*Enter Florida street address*

ORLANDO

*City*

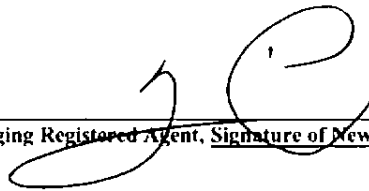
Florida 32825

*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





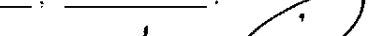
A hand-drawn graph on lined paper. The graph consists of a single curve that starts at the bottom left and rises steeply towards the top right, resembling an exponential growth curve. The curve is drawn with a black pen and passes through approximately 10 horizontal lines.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

February 7, 2025

\_\_\_\_\_, \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

YOLANDA PAIGE

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**