Office Use Only



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SEP - 7 2022 S. PRATHEI

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: <u>8055</u>	Name of Limi	1 Pealty UC	· 
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
-	Tecola &	Name of Person	
		Firm/Company	<del></del>
	838 Ada	MS St Apt 4	03
-	WEST Pa	City/State and Zip Code  Veal 44 @ Str to be used for future annual report addition	33407- 19(1.COm
For further information conce	erning this matter, please ca	all:	
Terola B	meD	at (BO) Daytime	-4283 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fec [	□ \$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	tion	Street Address: Registration Sect	tion
Division of Corp		Division of Corp	orations
P.O. Box 6327		The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

	F AMENDMENT	
	TO	<u> </u>
ARTICLES OF	ORGANIZATION	ZOZZ JUN
	OF	<u> </u>
Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	17 P
The Articles of Organization for this Limited Liability Compa Florida document number <u>2200 1991 85.</u>	uny were filed on H20122	OBJ 5:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the <u>name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	, Florida	
	Ciţv	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
MGR	Jahrah Rove-capron	7750 oxceavage	£Add
		2750 okcerubee Bulevard suite #4-11 West-Palmbeach, IL 32	Remove
		West-Palmseach, IL 32	☐ Change
			□Add
			□Remove
			□Change
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## Page 2 of 3

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