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(F	Requestor's Name)	
A)	(ddress)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
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COVER LETTER

Division of Corporations YOUR HOME SOLD GUARANTEED REALTY SOUTH FLORIDA, LLC SUBJECT: 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: Josie Mittleman Name of Person YOUR HOME SOLD GUARANTEED REALTY SOUTH FLORIDA, LLC Firm/Company 8370 Via Leonessa Address Boca Raton FI 33433 City/State and Zip Code josiemittlemanrealestate@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josie Mittleman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & S55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

YOUR HOME SOLD GUARANTEED REALTY SOUTH FLORIDA, LLC 2022 FOY -8 11 8: 17

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

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/17//2022	and assigned	
Florida document number L22000229726			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8370 Via Leonessa		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton Fl 33433		
Enter new mailing address, if applicable:	8370 Via Leonessa		
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton Fl 33433		
		 -	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		utau	
	, F10)	rida 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>	Address	Type of Action
MGR	Jeffrey Naylor	2677 Ponkan Summit Dr. Apopka Fl 32712	= Add
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	ata if ather than the d	ata of filing:			(antional)	
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