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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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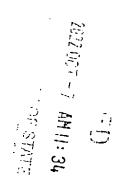
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COVER LETTER

Division of Corpo	rations		,
SUBJECT: DOMIC	Name of Lim	Realty LLC red Liability Company	
The enclosed Articles of Ar	mendment and feets) are sub	mitted for filing	
Please return all correspond	ence concerning this matter	to the following:	
	Dominique	McCcw thy Name of Person	·
	Dominique	McCarthy Real	ty CC
	4978 Miller	nic Blud Apt Address	305
	Orlando, FI	32839 City/State and Zin Code	
	domthereat	OCYOTO CAMCAL to be used for future applical report r	- COM notification)
For further information cond	cerning this matter, please ea	ill:	
1000 ique Name of Po	MCCuthy erson	ar (<u>407</u>) <u>802</u> Area Code Day	time Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Conv (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
A 491 A 3.1 .			

TO:

Registration Section

≅ailing Address:Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Talianassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dominique Ma	Carthy Realty LCC
ante of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 06/06/2022 and assigned
Florida document number <u>L22000256</u>	——————————————————————————————————————
is amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
Dominique McCarthy L. The new name must be distinguishable and contain the word	s "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)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
5	·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address S & & & & & & & & & & & & & & & & & &
-	, Florida #
	Ziv Zin 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 anz' 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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effective t <u>e:</u> If the	date is listed, to date inserted	than the da the date must be d in this block e on the Depar	specific and does not m	cannot be pricet the app	ior to date of dicable stat	f filing or mor	e than 90 da	(optional) ys after filing ats. this date	.) Pursuant to	605,0: ustea
filed.		red effective da							he 90th day a	ifter t
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Filing Fee: \$25.00