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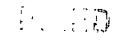
COVER LETTER

| TO: Registration 5 Division of Co | | | |
|--------------------------------------|---|---|---|
| SUBJECT: | YTOR REALTY | ile | |
| | | nited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | r to the following: | |
| | | | |
| | ALAN WO | Name of Person | <u></u> |
| | | | |
| | BRYTOR 1 | PEALTY LLC Firm/Company | |
| | | | |
| | 5397 90th | AVENUE CIRCLE E. | ASÍ |
| | | Address | |
| | PARRISH - F | L - 34219 City/State and Zip Code | |
| | | • | |
| | AWBJ 476 | AOL. COM (to be used for future annual report noting | fication) |
| For further information (| concerning this matter, please c | | incution, |
| | | | |
| MLAN W. 15 | ORYLAWSKI JR | at (301) 45 Area Code Daytime | 2-0038 |
| . varie | 51 T C130H | Area Code Daytime | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$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 Addres | ss: | Street Address: | |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**



| BRY TOR Ri | ENITU LLC | , | 2027 JUH 27 AM 9: 23 |
|---|---|-------------------------|----------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as It now appears mited Liability Company) | on our records.) | TALL COSCUE |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L 22000 259 547</u> | | 06/07/ | 2022 and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | l liability company her | <u>·e</u> : | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the de | signation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u>··S)</u> | . | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our re | cords, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | <u> </u> | | |
| New Registered Office Address: | Enter Flori | da street address | |
| | | , Florid | a |
| | City | , | Zip Code |
| New Registered Agent's Signature, if changing Registered A | cent: | | |

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> | Name | Address | Type of Action |
|--------------|----------------------|--|----------------|
| MGR | BRYLAWSKY, AMELIA T. | 5397 90th AVENUE CIEFAS | <u>∑</u> □Add |
| | , | 5397 90th AVENUE CIR FAS PARRISH - FL - 34219 | XRemove |
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| fective an effective | date, if other than we date is listed, the date | the date of filitence must be specific at | ng: | date of filing or more thate statutory filing requ | (optional) in 90 days after filing.) | Pursuant to 605.020 |
| | 's effective date on th | | | o summery | | |
| record sp is filed. | ecifies a delayed effo | ective date, but no | ot an effective time | e, at 12:01 a.m. on the | earlier of: (b) The | 90th day after th |
| ited | JUNE 27 | | 2022 | | | (|
| | | The file | 200 | | | |
| | | Signature of | a member or authori | red representative of a n | rember | |

Filing Fee: \$25.00