## L22000293175

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A. RAMSEY SEP 1 6 2022

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:G_CG	Name of Limit	cl Realty Wed Liability Company	1
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	Helen Grace Of	Neaver Name of Person	
	2822 Wil	Shire Rol Address	
		City/State and Zip Code  2242 @ gmg, 1 ( )  be used for future sential report notifications.	
For further information cond	cerning this matter, please cal	H:	
Helen h	le Ve R	at (407) 202 Area Code Daytime T	6944 Felephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fce	Signature Status  Signature Status  Signature Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		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

)F

CALACE OF C	JOD Kealty	<u>uc</u>
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our rech Liability Company)	<u>-rds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		28
A. If amending name, enter the new name of the limited liab		1-11. 22 SEP 1
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Ll	
Enter new principal offices address, if applicable:		100
(Principal office address MUST BE A STREET ADDRESS)		
		.; 0
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:	address on our records, ent	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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	Helen Michelle WEGVER	2822 Wilshire Rd	XAdd
	WEGVER	2822 Wilshire Rd Clermont, FL 34714	, □Remove
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n effective dat te: If the da	if other than the date is listed, the date must be steen inserted in this block excrive date on the Depart	specific and cannot be p does not meet the ap	plicable statutory fil	more than 90 days afte	i <b>onal)</b> r filing.) Pursuant to 60; is date will not be list	5.0207 ted as
cord specifi s filed.	es a delayed effective dat	le, but not an effectiv	/e time, at 12:01 a.n	ı. on the earlier of: (I	o) The 90th day after	er the
ed	eptenther No le	16. 20 1 Mu	122 Oleker	Weeker		
	Sign	nature of a member or a	iuthorized representati	ve of a member		
	110/00	Vn 5/2 /1	a Wear	00		