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	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
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Cerufied Copies	Certificates of Status
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LLC Amond



A. RAMSEY SEP -8 2022

COVER LETTER

	vision of Corp			
SUBJECT:		IONREALESTATE.COM L	LC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		CHRISTOPHER INGRAM	И	
			Name of Person	
		CELEBRATIONREALES	TATE.COM LLC	
			Name of Limited Liability Company Idment and fee(s) are submitted for filing. Deconcerning this matter to the following: HRISTOPHER INGRAM Name of Person ELEBRATIONREALESTATE.COM LLC Firm/Company 375 KIAWAH STREET Address ELEBRATION, FL 34747 City/State and Zip Code wrisIngramMBA@GMail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: 407	
		1375 KIAWAH STREET		
			Address	
		CELEBRATION, FL 3474	17	
			City/State and Zip Code	
		-		cation)
For further i	nformation co			outon)
	PHER INGRA		407 457-2000	
	Name of	Person	at (Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	—	Certified Copy	Certificate of Status & Certified Copy
Re Di P.0	egistration Sovision of Co O. Box 6327 Illahassee, F	ection rporations	Registration Sec Division of Corp The Centre of Ta	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF 2022 SEP -8 PM 12 31

CELEBRATIONREALESTATE.COM LLC	••.			· .:
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our	records.)	}	1

The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on 08/15/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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>	Name	Address	Type of Action
AR	NICOLE INGRAM	1375 KIAWAH STREET	□Add
		CELEBRATION, FL 34747	≣Remove
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record	specifies a delayed	effective date,	but not a	n effective i	ime, at 12:0	01 a.m. on ti	ne carlier of:	(b) The 90th	day after the
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Typed or printed name of signee