## L 77600399488

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SECRETARY OF STATE TALL AMASSEC FLORIDA

## **COVER LETTER**

Division of Corporations			
SUBJECT:	TOIZRENS Name of Limi	Realty, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Snay Ton Renson  VS Realty,  Firm/Company	5
		VS Mearty,	LLC
		1315+ PL Address	
	- Lia	City/State and Zip Code  A.J. Enriguez (a)  to be used for future annual report notific	33184
	UVS N. E-nyail address: (1	a.J. enriquez (a)	gmail-com
For further information co	oncerning this matter, please ca		
/USnace of	1 TORRENS	at ( <del>\) \( \) \( \) Area Code</del> \( \) Daytime \( \)	7 - 7-700. Telephone Number
Enclosed is a check for th	e following amount:		
E \$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 Address Registration S Division of Co	Section orporations	Street Address: Registration Sect Division of Corp	orations
P.O. Box 632	7	The Centre of Ta	llahassee

TO: Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Torrens K	ealty, LIC	
	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 000 399488</u> .	y were filed on <u>09/13/26</u>	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the sew registered
Name of New Registered Agent: W/A		
New Registered Office Address:	Enter Florida street address	2: 59 LORIDI
	Florid	8
<del>-</del>	City	<b>3</b> Zip Code
New Registered Agent's Signature if changing Registered Agent	<b>!</b>	

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
	N/A		□Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□ Add
			□Remove
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			☐ Change
			\Add
			□ Change

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(If an effec Note: If	e date, if other than the date of filing:
ord is file	
Dated	Signature of a member of authorized representative of a member    US nay   I orrens     Typed or printed name of signee
	Signature of a member of authorized representative of a member