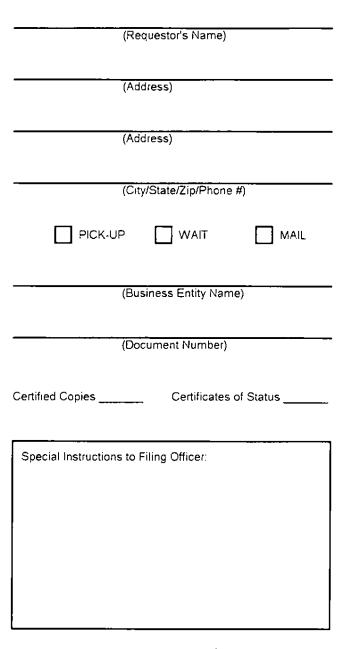
# 122 000 406 840

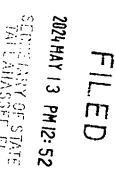


Office Use Only



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05/13/24--01021--017 \*\*25.00



# **COVER LETTER**

TO: Registration Sectorial Division of Corp.			
SUBJECT: Jess	Name of Lim	Realex LLC.	
The enclosed Articles of A	mendment and fec(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jesse Pe	Vez Perez Name of Person	
	My Jess.	8 Dispach Realck Firm/Company	Uc (manager)
		S_DY, Orlando, F/	
	1	City/State and Zip Code  CK Q gmail Com to be used for fifture annual report noti	
For further information cor	acerning this matter, please ca	all:	
Jesse Perez Name of F	Person		520 - 8835 e Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jess & DispacH Kea	ICK- LLC	
( <u>Name of the Lighited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 22000 406840</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited Liability of the new name of the new name of the limited Liability of the new name	lity company here:	2004 Assigned  TO LAHASSEE, FL  The abbreviation To the abbreviati
•		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1341 Boreas D Orlando, Fl 21	C 32822
Enter new mailing address, if applicable:  ( <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office a		32.627
agent and/or the new registered office address here:		
	Pelez Perez  Boyeas Dy  Enter Florida street address	
O(layd		3282 <u>Z</u> 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 Changing Registered Agent, Signature of New Registered Agent

	<del></del>
	<del></del>
Note	tive date, if other than the date of filing: 05-07-2024 (optional)  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the filed.
Datee	1 05 - 07 - 2024 Vida
	Signature of Thember or authorized representative of a member
	Signature of a member or authorized representative of a member    1532   162   162     Typed or pointed name of signee

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
A S CIDID -	A A 1

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
		email: homerealcx @gm	nail.comerado
			□Remove
			□Change
		.* 	
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			DAdd
			□Remove
			□Change