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COVER LETTER

	rision of Cor			
SUBJECT:		inson LLC		
SUBJECT.		Name of Lim	ited Liability Company	.
The enclose	d Articles of	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Michael Dempsey Name of Person ZenBusiness Inc. Firm/Company 336 E College Ave, Ste 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: ZenBusiness Inc. at (
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
336 E College Ave, Ste 301				
			Address	
		Tallahassee, FL 32301		
		£15H6		
				ification)
For further i	nformation co	oncerning this matter, please ca	all:	
Michael Der	mpsey c/o Ze	nBusiness Inc.		
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 l	Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
	iling Address		Street Address:	
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	D. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT 14 AM 11: 27

Realty Robinson LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FI

The Articles of Organization for this Limited Liability Co	ompony word filed on 10/04/2022	and mail and
Florida document number L22000428969	ompany were med on	and assigned
This amendment is submitted to amend the following:	- ·	
A. If amending name, enter the new name of the limit	ted liability company here:	
Robinson Realty Family LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter	the name of the new registered
New Registered Office Address:	Enter Florida street addres	
	, Fl	orida Zip Code
New Registered Agent's Signature, if changing Registered	·	<i>νη</i> , τ.υ.,
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I fu Implete performance of my duties, an Int as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be prior lock does not meet the applic	table statutory filing re		
he record specifies a delayed effective	ve date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
ord is filed.				
ord is filed. Dated October 10	2022	·		
ord is filed. Dated <u>October 10</u> /s/ Antwan Robil	nson			
Dated October 10			i member	

. . .

Filing Fee: \$25.00