## L22000446804

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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2022 NO: -1 PN 3: 1.0

| 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624   |   |
|---|---|
| PLEASE USE FUNDS FROM THIS ACC<br>AUTHORIZATION SIGNATURE:<br>Offer Tico Realty LLC L22000446<br>BUSINESS ( Name) | COUNT: 120210000160 AMOUNT: \$25.00    Sove full  |
| Walk in   | Pick up time  |
| Mail out  | Will wait   |
| Photocopy   |   |
| Certified Copy of Organization (pl  | ease stamp each page)   |
| Certificate of Status   |   |
| NEW FILINGS   | <u>AMMENDMENTS</u>  |
| Profit Not for Profit Limited Liability Domestication Other CORP  | X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion |
| OTHER FILINGS   | REGISTERATION/QUALIFICATIONS  |
| Annual Report   | Foreign filing  |
| Fictitious Name   | Statement of PartnershipReinstatement Statement of Authority  |
|   | Other   |

## **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |   |   |  |
|--|---|---|--|
| SUBJECT: OF                                | fer Tico                                  | Realty LCC  |  |
|  | Name of Limite                            | ed Liability Company  |  |
|  |   |   |  |
| The enclosed Articles of A                 | mendment and fec(s) are subm              | itted for filing.   |  |
| Please return all correspond               | dence concerning this matter to           | the following:  |  |
|  | Bisho                                     | Name of Person  |  |
|  | Offe                                      | Firm/Company  | alty_  |
|  | 310 N.                                    | Olauge A  | ve, #1027  |
|  | Orlando                                   | City/State and Zip Code   | 2801   |
|  | E-mail address: (to                       |   | er tico com  |
| For further information co                 | ncerning this matter, please cal          | 11:   |  |
| 13 ishe                                    | Person                                    | at (913) 666 Area Code Daytime                                      | - SOO 4<br>Telephone Number  |
| Enclosed is a check for the                |   |   | 7 040 00 Filing Fox  |
| \$25,00 Filing Fee                         | S30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
| Mailing Address Registration S             |   | Street Address:<br>Registration Sec                                 | ction  |
| Division of Co                             |   | Division of Cor   | porations  |
| P.O. Box 632°<br>Tallahassee, F            |   | The Centre of T<br>2415 N. Monro                                    | allahassee<br>e Street, Suite 810  |
| rananassee, r                              | L J4J17                                   |   | 20202  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| OFFERTIC   | o Kealty                                  | LLC SECUL                        | 711 IU: 47        |
|--|---|----------------------------------|-------------------|
| (Name of the Limited   | A Florida Limited Liability Company)      | on our records.) TALLAH          | ASSEE, FT         |
| The Articles of Organization for this Limited Lia  |   |                                  | and assigned      |
| Florida document number <u>C 22 000 4 4 6</u>  | 804                                       |                                  |                   |
| This amendment is submitted to amend the follow  | ving:                                     |                                  |                   |
| A. If amending name, enter the new name of t   | the limited liability company here        | <u>:</u> :                       |                   |
| The new name must be distinguishable and contain the wor                                     | rds "Limited Liability Company," the desi | ignation "LLC" or the abbrevia   | tion "L.L.C."     |
| Enter new principal offices address, if applical   | ble:                                      |                                  |                   |
| (Principal office address MUST BE A STREET   | ADDRESS)                                  |                                  |                   |
|  |   |                                  |                   |
| Enter new mailing address, if applicable:  |   |                                  |                   |
| (Mailing address MAY BE A POST OFFICE B  | <u>OX)</u>                                |                                  |                   |
|  |   |                                  | <del></del>       |
| B. If amending the registered agent and/or regagent and/or the new registered office address |   | ords. <u>enter the name of t</u> | he new registered |
| Name of New Registered Agent:  |   |                                  |                   |
| New Registered Office Address:   | Enter Florid                              | a street address                 |                   |
|  |   | Florida                          | p Code            |
|  | City                                      | Ziq                              | p Code            |

New Registered Agent's Signature, if changing Registered Agent:

 $\infty$ 

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

Type of Action Address Title Name MGR Bishoy Hasis 310 N. Orange toe and Oclando, Fl 32801 Change MGR Arnaldo Blando 310 N. Orange toe Mil # 1027 \_\_\_\_\_ Remove Orlands, FC 32801 Change MGR Offertico LC 8 The Green, Ste A Dadd Dover, DE 19901 PRemove \_\_\_\_ Change

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| r than the date of filing:   | _ (optional)                             |
| the date must be specific and cannot be prior to date of filing or more than 90 date of filin | ays after filing.) Pursuant to 605.02    |
| te on the Department of State's records.   |  |
| 1 or vive the buy may an affective time at 12-01 a m on the partie   | er of the The 90th day after th          |
| yed effective date, but not an effective time, at 12:01 a.m. on the earlie   | i or (or The your day arrow in           |
| 202  |  |
| per 28 2022 /  |  |
|  |  |

Filing Fee: \$25.00

## To Whom it May Concern,

I am writing this letter today with respect to OfferTico Realty LLC (the "LLC"), filed on 10/17/22 and assigned Florida Document Number L22000446804. I wish to amend the LLC to remove the current Manager (OfferTico LLC, a Delaware LLC), which is a company I own. I want to add two new Managers, myself (Bishoy Habib) and Arnaldo Blando (the "Amendment"). In order to expedite the process, which would take approximately three (3) months by mail, I am having this hand delivered for same-day service.

Therefore, I do authorize — (or, do cep, hal correr Service) to hand deliver the aforementioned Amendment on behalf of myself and OfferTico Realty LLC. Should you have any questions or issues whatsoever about the Amendment, please contact me directly at 407-687-5953.

Bishoy Habib

State of Florida
County of TTT 1/5/7/2000/1

The foregoing instrument was acknowledged before me by means of M physical presence or online notarization, this day of November, 2022 by Bishoy Habib, who is personally known to me or who has produced LDINGS LICES identification.

KAYLEIGH INZIANA
Notary Public - State of Florida
Commission # HH 181308
Hy Comm. Expires Oct 4, 2025

Printed Name: KWICIGN ITTAMA

**Notary Public** 

My Commission Expires: 10/4/2025