## 22000520185

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A. BUTLER JAN - 5 2023

## **COVER LETTER**

Division of Corp			
SUBJECT:	rely or	cot wather	st florita,"LL
ì	/ Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tevesa	Name of Person One of the	Ahwest Floria
	8200 p	Firm/Company  Address	A
	E-mail address: (	City/State and Zip Code  Code	mail con
For further information co	ncerning this matter, please c	all:	
Name of	Person	at (SS) 50 Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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	<u>:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Kealty O	ne of 1	2rthluest2	OF LOTICEPHIL	itsc'
(Name of he Limited	Liability Compan A Florida Limited Li	y as it now appears on ability Company)	our records.)	TATE
The Articles of Organization for this Limited Liab		vere filed on	2. 12,200 -	and assigned
Florida document number <u>L220053</u>	10185			
This amendment is submitted to amend the follow	ving;			
A. If amending name, enter the new name of t	he limited liabil	ity company here:		
Realty One of 1	Drthues	st Florida	-, LLC	
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	ty Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u>8200</u>	Palm C	ove Blid.
(Principal office address MUST BE A STREET	ADDRESS)	faran	a Cuty	Beach, FC
				52408
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u></u>	
		,		<del></del>
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our reco	rds, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:	Tere	sa We		
New Registered Office Address:	<u> </u>	) Palm C Enter Florida	de Blud.	
	Panama	Citt	. Florida	2408
	10407	City	. 1 801 104	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

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
Mgr.	Paph De	8200 Palm Car Blue	□Add
·	,	Farance City Ec 32408	Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
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			Remove

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(If an ef Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee