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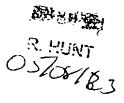
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CLAUDIER Subject:	EALTY, LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MARIE CLAUDIE TELC	Y.	
		Name of Person	
		Firm/Company	
	10711 River	- VIEW Dr.	27
	Kiverview	F1 335 48 City/State and Zip Code tlook. Com to be used for future annual report notification	7-8 PH 2:5
For further information co	E-may haddress: (i incerning this matter, please ea) TE 5
MARIE CLAUDIE TELO	Y	813 595-3188	
Name of	Person	at () Area Code Daytime Telepl	none Number
Enclosed is a check for the	c following amount:		
□ \$25.0 ^{分//5} - 19.Fec	☐ \$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		Street Address: Registration Section	• .
Division of Co P.O. Box 6327	orporations	Division of Corporati The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLAUDIEREALTY, LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on 12/27/2023	and assigned			
Florida document number 1.23000002053					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
MARIE CLAUDIE TELCY, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		6.3 2.5			
		(2) CO (1979)			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	,				
New Registered Office Address:					
	Enter Florida street address				
	., Florida				
	Ciţv	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	•				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605. I	d I am familiar with and E.S. Or, if this document is			
If Cha	nging Registered Agent, Signature of	New Registered Agent			

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
OWNER	MARIE CLAUDIE TELCY	10711 RIVERVIEW DR, RIVERVIEW FL, 33578	BAdd
			⊒ Remove
			□Change
			□Add
			Remove
			☐ ☐ Change
		FL	☐ Add ☐ Add ☐ Remove
			□Change
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ective date, if other than the effective date is listed, the date in this been the date in this been detailed.	nst be specific an block does not	nd cannot be p meet the app	rior to date o olicable stat	filing or more	than 90 days	optional) after filing , this date	.) Pursu	ant to 605.0. ot be listed
ument's effective date on the I					•			
cord specifies a delayed effecti s filed.	ve date, but no	ot an effectiv	e time, at 1.	2:01 a.m. on	the earlier o	f: (b) - Tl	ne 90th	day after t
MAY, 05		2023						
	1	At.						

Filing Fee: \$25.00