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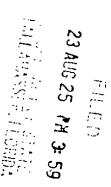
(Requestor's Name)  (Address)	
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PICK-UP WAIT	ΛAIL
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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations					,,	•	
eub iez		Real Estate LLC					
SUBJEC	.1:	Name of Lin	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Michael Buteau					
			Name of Person				-
		Sine Cera Real Estate LLC	C				
			Firm/Company				-
		5554 W. Holiday St.					
			Address				-
		Homosassa FL 34446					
			City/State and Zip Code			_	-
		Michaelbuteaujr@gmai.com	m (to be used for future annual		Galaria a V		
For furth	er information c	oncerning this matter, please c		report nou	incanon)		
	Buteau Jr			4-2213			•
	Name o	f Person	at () Area Code	Daytin	ne Telepho	ne Number	<del></del>
		ne following amount:	_				
□ <b>\$2</b> 5.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee a Certified Copy (additional copy is enc			Certified	te of Status &
	Mailing Addres Registration 5		Street Ag Registra	<u>ddress:</u> ation Se	etion		
	Division of C		_	n of Co		ns	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF C	O DRGANIZATION	8
	O	)F	23 AUG 2 160
Sine Cera Real Estate LLC			23 AUG 25 PK 3- 59
(Name of the Limi	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.) 1955 1957
The Articles of Organization for this Limited I	Liability Company	were filed on 01/18/2021	and assigned
Florida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
Sine Cera Realty LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	ET ADDRESS)	N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records.	enter the name of the new registere
Name of New Registered Agent:	N/A	_ <u>_</u> .	
New Registered Office Address:	N/A		
	<del></del>	Enter Florida stree	t address
	N/A		, Florida N/A
		City	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
N/A			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	te of filing: especific and cannot does not meet the	ne applicable s			iling.) Pursuant to 60	
ne record specifies a delayed effective de	ate, but not an ef	fective time, a	12:01 a.m. on	the earlier of: (b)	The 90th day aft	er the
rd is filed.						
	. 20.	<u> </u>				
ord is filed.  Dated August 22nd  Muhael Grief	1	·	representative of	a member		