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COVER LETTER

Division of Cor	porations			
	REALIG	CELLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>. </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RUSLAN GRISHIN			
		Name of Person		
	REALICE LLC			
		Firm/Company		
	200 177 DR, APT, 402-3			
		Address		
	SUNNY ISLES BEACH, I	FL, 33160		
	GRISHIN.LE.RUS@GMAI	City/State and Zip Code L.COM		
	E-mail address: (to be used for future annual report notific	cation)	
For further information of	concerning this matter, please c	aU:		
RUSLAN GRISHIN		786 586-2835	2074	
Name (of Person	Area Code Daytime	Telephone Number [1
Enclosed is a check for t	he following amount:		AH	1
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Ecc-1 Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

TO:

Registration Section

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

Street Address: 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 OF

	REALIG	CE LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)		
The Articles of Organization for this Limited Li	iability Company w	ere filed on	02/21/2023	and ass	igned
lorida document number	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the follo	owing.				
A. If amending name, enter the new name of	<u>f the limited liabili</u>	ty company he	<u>re</u> :		
\$/A					
he new name must be distinguishable and contain the w	cords "Limited Liability	Company." the d	esignation "LLC" or	the abbreviation "L.	IC."
Enter new principal offices address, if applic	able:	N/A			
Principal office address MUST BE A STREE					
Inter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	BOX)				
3. If amending the registered agent and/or r	registered office ad	ldress on our re	ecords, enter the	name of the nev	v <u>registe</u>
gent and/or the new registered office addre					
Name of New Registered Agent:	N/A		·	2021 SE	e
New Registered Office Address:	200 177 DR, API	. 402-3		EB S	
New Negisiered Office Address.		Enter Flor	ida street address	- 6	
	SUNNY ISLES E	BEACH	_, Florid	33160 =	- 1
		City		OZip Code	<u></u>
New Registered Agent's Signature, if changing I	Registered Agent:			그림	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELENA GRISHINA	200 177 DR, APT, 402-3 SUNNY ISLES BEACH, FL, 33160	■Add
			□Remove
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200	77 DR, APT, 402-3, SUNNY ISLES BEACH, FL 33160	
		
		
		
		<u></u>
		<u>:</u> :
ctive	late, if other than the date of filing: (optional).	
11'.	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	1 150 31516(1
iment	s effective date on the Department of State's records. Control of State's	1111
		9.0
ord sp filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th c	Ja y a fter t
men.		
·d	02 13 . 2024.	
	I a	
	Signature of antember or authorized representative of a member	
	xignature of a member or authorized representative of a member	