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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of O	n Section Corporations		
REALT SUBJECT:	Y EDGE LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are suf	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	PABLO NUNEZ		
	_	Name of Person	
	REALTY EDGE LLC		2023 MCR 21 PH 2: 52 SEARCH STATE TO THE
		Firm/Company	
	30970 SATINLEAF RUN	ł	27
		Address	
	BROOKSVILLE FL 3460	12	52
		City/State and Zip Code	
	PNUNEZ2000@GMAIL.C	COM	
	E-mail address:	(to be used for future annual report notifies	ation)
For further information	on concerning this matter, please of	rall:	
PABLO NUNEZ		516 9499758	
Nan	ne of Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 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)
<u>Mailing Add</u> Registratio		Street Address:	
	f Corporations	Registration Section Division of Corpo	
P.O. Box 6		The Centre of Tal	
Tallahasse	e. FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTY EDGE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 18 2023 ___ and assigned Florida document number $\frac{L23000190942}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) :0 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
AMBR	RAFAELA QUEZADA	751 GERARD AVE BRONX NY 10451	□Add
			■Remove
			□Change
AMBR	PAVEL E NUNEZ	751 GERARD AVE BRONX NY 10460	□Add
			≣Remove
			Change
		<u> </u>	PAdd
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fective date, if other than the date must be offective date is listed, the date must be offer. If the date inserted in this bloc	e specific and cannot be k does not meet the:	e prior to date o	f filing or more than	90 days after filing.) I	ursuant to 605.020
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ecord specifies a delayed effective of filed.	late, but not an effec	tive time, at 1	2:01 a.m. on the (earlier of: (b) The	90th day after th
ted April 19th	2023				
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