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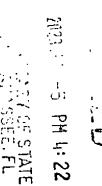
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R. HUNT 07/05/23

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: BETSY B	AYRAM KE	ALTOR LLC nited Liability Company		_	
	Same of the	med manney Company			
The enclosed Articles of Amendn	nent and fee(s) are sub	omitted for filing.			
Please return all correspondence c	concerning this matter	to the following:			
	Bets	Sy G, Baylo Name of Person	rw		
		Firm/Company			·
	172	1 Stockton Address	Drive		-5: PH
	Sar bgba E-mail address:	Address Address FL 3 City/State and Zip Code Gram 1 @ a to be used for future annual representations.	of. Com	STATE E.FL	կ։ 22
For further information concernin	g this matter, please c	eall:			
Name of Person	G. Bayro	at (407) 3 Area Code 1	P14 - 5038 Daytime Telephone Num	nber	
Enclosed is a check for the follow	ring amount:				
	0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certif d) Certif) Filing Fed ficate of St fied Copy onal copy is a	atus &
Mailing Address: Registration Section Division of Corporat			on Section of Corporations		
P.O. Box 6327 Tallahassee, FL 323	14		e of Tallahassee Ionroe Street, Suit	e 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETSY BAYRAM	REALTOR	LLC
(Name of the Limited Liability Compar	iy as it now appears on our	records.)
(A Florida Limited L	iability Company)	

The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Tune 1}}{\text{La3000a67a39}}$ and assigned Florida document number $\frac{\text{La3000a67a39}}{\text{La3000a67a39}}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the BETSY G, BOUT		lity company here:		
The new name must be distinguishable and contain the words	:"Limited Liabili	ty Company," the designa	tion "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			TO THE STATE OF TH
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ddress on our record	ls, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str	vot addross	
			. Florida	
-		City	, 1 101104	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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fective date, if other than the date of filing:	(optional)	D (05.03
in effective date is listed, the date must be specific and cunnot be prior to date of fi- ote: If the date inserted in this block does not meet the applicable statute		
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The	90th day after th
is filed.		
70 20 302		
ated fine 28 . 2023.		
B. HR		
Signature of a partibor or authorized repres	Sentative of a member	

Filing Fee: \$25.00