L23000314617

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Elliny Hallie)				
(Document Number)				
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COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: EJREAL	ESTATE, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Corpor	ate Maintenance Le	ad		
		Name of Person			
Processing Department					
		Firm Company			
1450 Vassar St					
Address					
Reno, NV 89502					
City State and Zip Code			2 2		
	E-mail address: (to be used for future annual report noti	fication)	TA ECI A CI	
For further information co	oncerning this matter, please c		,,	2023 AUG 29 SECRETAF)	, _275 , 1255
Process	ing Department	at (800) 638-2320		15 TE	2 g
	f Person	Area Code Daytim	e Telephone Number	ESSENTE (CFSTATE (CFSTATE	Ser.
Enclosed is a check for th	ne following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

STREET/COURIER ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	L ESTATE, LLU	
(Name of the United Liability (ompany as it now appears on our re outed Labous Company)	gords.j
The Articles of Organization for this Limited Liability Com- Florida document number <u>L23000314617</u>	apany were filed on 06/30/23	and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited	Hiability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	SEC.
		200 A 77
		TE N YES
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		100 co 200
		10 S
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	Ciŵ	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

Title	Name	Address	Type of Action
MGR	Yuen Ling Yu	243.Simmonsville Ave	Add
		Johnston, RI 02919	Remove
			□ Change
			Remove -
			Sign Change T
			100 Add
			☐ Cri O Remove
			☐ Change
			DAdd
			Remove
			Change
		· 	
			Remove
			☐ Change
			🖸 Add
			☐ Remove
			Change

. If amending any other information, enter change(s) here:	(Attach additional cheets if necessary)
The moning any other information, enter change(v) here.	. (гласн авинови месы, у песымну.)
	203 St
	ALG 2
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	1 10 0
Effective date, if other than the date of filing: N/A (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3); cable statutory filing requirements, this date will not be listed as the
) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated August 22 2002	2
	26
Signature of a member or aud	norized representative of a member
Fabian	o Da Silva
Typed or prin	nted name of signee

Page 3 of 3

Filing Fee: \$25.00