L23000353222

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(0)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Amendment was mailed in Please do not file, Return For a returnd.
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COVER LETTER

Registration Section

TO:

Division of Cor	porations	•	
	erts Realtor L.L.C.	••	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Roberts		
		Name of Person	
		Firm/Company	
	49 Hickory Ave		
	<u> </u>	Address	
	Crawfordville Fl 32327		
		City/State and Zip Code	
	jamesrealtor053@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
James Roberts		850 570-5074 at ()	
Name o	f Person	Arca Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	-	These and tilling the R	D 040 00 Elling Eng
■ \$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)
Mailing Addres	<u>s:</u>	Street Address:	
Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•
Tallahassee, 1			pe Street, Suite 810
,			•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Roberts Realtor L.L.C.

		<u>\$.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 7-26-2-23	and assigned
Florida document number L23000353222		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
James Roberts III L.L.C.		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
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)		
		
	e address on our records, <u>enter</u>	the name of the new registered
	e address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:	e address on our records, <u>enter</u> Enter Florida street addres	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addres	7
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addres	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addres Flo	s orida

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>	Name	Address	Type of Action
	<u> </u>	<u>.</u>	·d
			□Remove
			Change
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			□ Remove

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	<u> </u>
(If an early Note:	tive date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	James Rolato
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	James Roberts III L.L.C.
	Typed or printed name of signee