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(R	equestor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer.	





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A. PARI**SHANI**

SEP 2 1 2023

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations GET RICH IN REALESTATE, LLC
Name of Limited Liability Company SUBJECT: 2023 AUC 28 PH 1:26 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: STHER D. CASTRO

Name of Person Firm/Company P. O. BOX 20814 TAMPA, FL 33622 City/State and Zip Code Hampa. minaret a gnail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ESTHER D. CASTRO at (8/3) 833-5573

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$\square\$ S30.00 Filing Fee \$\text{Certificate of Status}\$ □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O	F	· <u>.</u>	
			•	28
GET RICH	In REA.	L ESTATE	1-4-C	. ω
(Name of the Limite	d Liability Compa	ny as it now appears	on our records.)	
	'V 1 forida Fillilled F	liability Company)		
The Articles of Organization for this Limited Li.	ability Company	were filed on	8/15/23	and assigned
Florida document number 423000 384	<u>359 </u>			
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>e</u> :	
GET RICH W	JITH REA.	LESTATE.	440	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)	17173	DAIRY FARA	ncT
				34638
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	P.O. C	30× 20814	
		TAMP	4. FL 3362	٠,2
				<u> </u>
B. If amending the registered agent and/or re	gistered office a	ddress on our re	cords, enter the nar	ne of the new registere
agent and/or the new registered office addres	s here:			
Name of New Registered Agent:				
New Registered Office Address:	179	73 110	I EA DING T	
Tion registered Office Address.		Enter Florid	IFARMCT la street address	
	LAND	O'LAKES	, Florida	34638
		City		34638 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	ESTHER D. CASTRO	17973 DAIRY FARM CT	□Add
		LAND O'LAKES, FL 3463	8 □Remove
			Change
	-		□Add
			□Remove
			Change
		-	71□Add 28
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ote: If the date inser	er than the date of filind, the date must be specific and the late must be specific and the late on the Department of	meet the applicable	e of filing or more than statutory filing requir	(optional) 90 days after filing.) Prements, this date wi	ursuant to 605.0207 (3)(b) Il not be listed as the
ecord specifies a del is filed.	layed effective date, but no	ot an effective time, s	at 12:01 a.m. on the e	arlier of: (b) The 9	Oth day after the
ated Septe	Inde 19	2023.	··	- 1	
			Banner	- of De	thick in Restate Changing , Bet Rice with Re
	Signature of	a member or authorized	representative of a me	mber / 5	T.L.UC

Filing Fee: \$25.00

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