L23000395281

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	





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SEORETARY OF STATE
TALLATING SEE STATE

COVER LETTER

		istration Sect sion of Corpo		v		
SUBJEC	· ~F•	REALTY GE	ROUP PLUS, LLC		•	
SOME	. 1.		Name of Limi	ited Liability Company	_	
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	durn	all correspond	dence concerning this matter	to the following:		
			Max P. Cawal			
				Name of Person		
			Realty Group Plus, LLC			
				Firm/Company		
	442 Alcove Drive					
				Address		
			Groveland, FL 34736			
				City/State and Zip Code		
			maxpc2u@yahoo.com		2023 SEE	
			E-mail address: (t	to be used for future annual report notification)	2023 SEP -T SECRETAR TALL AN	1
For furth	er in	formation cor	ncerning this matter, please ca	all:	AA L	713
Max P. 0	Cawa			407 342-8866 at ()	NSSN Y Of	3 3
		Name of I	Person.	Area Code Daytime Telephone Nun	mber F. F. S. I.VIE. 8: 59	CH2E!
Enclosed	l is a	check for the	following amount:		1.1	
□ \$25.0	00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certil	0 Filing Fee, ficate of Status & fied Copy tonal copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTY GROUP PLUS, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) ility Company)	
he Articles of Organization for this Limited Liability Company we	re filed on August 22, 2023	_ and assigned
lorida document number 1.23000395281		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
ne new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		2
	TAL	23 SI
nter new mailing address, if applicable:		SE TO
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	-1 keep
_	(설립 변호)	굿
	Çivo -n=t	ರ್
If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, enter the name (of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	Florida	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, 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>	Address	Type of Action
AMBR	Maureen A. Ryan	421 Citrus Ridge Drive	
		DAvenport, FL 33837	□Remove
			□Change
			□Add
			□Remove
			Change Change Change Add Add
			SECRETARY OF STATE TALLARY OF STATE Change
			Change
			□Add
			□Remove
			Change
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n effectiv	date, if other that we date is listed, the da	ate must be specific:	and cannot be price	or to date of filing	g or more than 90 da	(optional) ys after filing.)	Pursuant to	605.020
	he date inserted in the seffective date on				filing requirement	nts, this date v	will not be	listed as
ecord sp is filed.	ecifies a delayed e	ffective date, but i	not an effective	time, at 12:01	a.m. on the earlie	r of: (b) The	90th day	ifter the
	1/1/20	>						
ted	9/6/202	2 2711	. <u> </u>	—/)				
		2 1/11 /	(17)	1/5				

Typed or printed name of signee

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

REALTY SUBJECT:	GROUP PLUS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Max P. Cawal		
		Name of Person	
	Realty Group Plus, LLC		
		Firm/Company	
	442 Alcove Drive		202 SE
		Address	ALL CREE
	Groveland, FL 34736		2023 SEP -7 SECRETARY
	maxpc2u@yahoo.com	City/State and Zip Code	-7 ARY OF S
		to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	ं हिं
Max P. Cawal		407 342-8866 at ()	
Name o	of Person		e Telephone Numb e r
Enclosed is a check for t	he 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)
Mailing Addres Registration Division of C	Section Corporations	Street Address: Registration Se Division of Con	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303