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(CI	ty/State/Zip/Phone #)	<u> </u>
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Special Instructions to Fili	ng Oπicer:	
		J. HORNE
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Office Use Only



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12/11/20-01002-007 **25.00



COVER LETTER

TO: Registration Section Division of Corporation	on rations		
SUBJECT:	Halt R	Leal Estate ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Evi	c Holt	
	Holt	Name of Person Real Cotate Firm/Company	,LLC_
	1331	S Internation	ml Pkuy H125
-	E-mail address: (i	holt 730 Not	mailicon ication)
For further information cone	erning this matter, please ca	ali:	
Enic Name of Pe	HoH	at (386) 295 Area Code Daytime	- 126): Telephone Number
Enclosed is a check for the fo	ollowing 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 tadditional 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

ARTICLES OF ORGANI	IZATION
OF	23 550 11 61 553
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	tate, LLC
The Articles of Organization for this Limited Liability Company were filed	on $10/31/2033$ and assigned
Florida document number L 2300049511	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Em	ter Florida su cet address

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.

City

. Florida _

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
JMBR	Evic Halt	695 St Andry	Te Xaa
		Or word Boh, IL	□Remove
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			□Remove
			Change
			□Add
			⊡Remove
			□Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective d Note: If the	te, if other than the date of filing:
ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
_	Typed or printed name of signee

. . .

Filing Fee: \$25.00