

L24000059883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

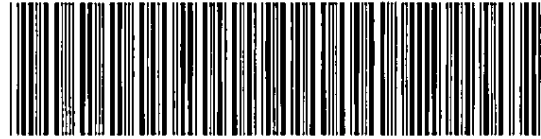
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600425589696

FILED
2024 MAR 12 AM 11:42
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAR 12 PM 4:42
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 12021000160: \$25.00

Authorization Signature: 

CID Realty Group LLC L24000059883

Business

Document #

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Certified copy of articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ☐
Country

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: ☐

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CID REALTY GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sylvia Otmezguine
Name of Person

CID Realty group LLC
Firm/Company

1330 West AV Suite 2602
Address

MIAMI BEACH FL 33139
City/State and Zip Code

info@homeconceptreality.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia Otmezguine at (305) 726 6336
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

FILED

CID REALTY GROUP

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

11 2024 MAR 12 AM 11:42

The Articles of Organization for this Limited Liability Company were filed on

2/1/2024

TALLAHASSEE, FLORIDA
and assigned

Florida document number L24000059.883

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CID GROUP REALTY LLC

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:

1320

(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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

MGR = Manager
AMBR = Authorized Member

[illegible]

2024 MAR 12 AM 11:42
STATE
TALLAHASSEE, FLORIDA

FILED
2024 MAR 12 AM 11:42
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated March 11, 2024.

Signature of a member or authorized representative of a member

Sylvia OTMEZGUINE
Typed or printed name of signer

Filing Fee: \$25.00