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2024 MAR 19 PM 12: 44
SECRETARY OF STATE

COVER LETTER

TO: Registration Solution of Col				
	ople Real Estate LLC			
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:		
	Cody Swann			>
		Name of Person		L SEL
	Fur the People Real Estate	LLC		SECRETARY OF STATE
		Firm/Company		三部 19
	153 NE Sagamore Terrace			SSE
		Address		- MS 72: -
	Port St Lucie, Florida 3498	33		一一
	E	City/State and Zip Code		_
	lisa@gunnertech.com E-mail address: (to be used for future annual report r	notification)	-
For further information of	concerning this matter, please co	•		
Lisa Brignac		214 769-6008		
Name o	of Person		time Telephone Numb	per
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)	Certific	Filing Fee, cate of Status & cd Copy tall copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S		
Division of C		Division of C		
P.O. Box 632	27	The Centre o	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fur the People Real Estate LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L24000074070	Company were filed on February 9, 2024	and assigned
This amendment is submitted to amend the following:		~
A. If amending name, enter the new name of the lim	ited liability company here:	PULLAR SEGRET
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation L.L.C.
Enter new principal offices address, if applicable:		MA 3 13
(Principal office address MUST BE A STREET ADDI	RESS)	- CO 2: 14
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Floi	rida

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>	Name	Address	Type of Action
MGR	Cody Swann	153 NE Sagamore Terrace Port St Lucie Fl 34983	= Add
			□Remove
			□Change
			□Add
		₩₩. 1971	2024 IAR 9 PH
			Add
			□Change
			□Add
			□Remove
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• • • • • • • • • • • • • • • • • • • •			□ Add
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□ Change

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