## L24000079740

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| Special Instructions to Filing | Officer:            |          |
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## COVER LETTER 🦂

| Division of Co            |  | _   | , ,  | r<br>:  |
|---------------------------|--|---|--|---|
| G REAL' SUBJECT:          | TY HOME LLC                                  |   | ξ. <b>\$</b>   | ¥   |
|                           | Name of Lin                                  | nited Liability Company   | <del></del>  |   |
| The enclosed Articles of  | of Amendment and fee(s) are sub              | omitted for filing.   |  |   |
| Please return all corresp | pondence concerning this matter              | to the following:   |  |   |
|                           | GELAYNE MORALES N                            | MORAGUES  |  | 7003 FEB 19 PX 1:57   |
|                           |  | Name of Person  |  | · : <del>-</del>  |
|                           | G REALTY HOME LLC                            |   |  | . 9   |
|                           |  | Firm/Company  |  | المنطقة المراجعة المنطقة المنط<br>المنطقة المنطقة |
|                           | 2971 2ND AVE SE                              |   |  | ं न   |
|                           | <del></del>                                  | Address   |  | (7)   |
|                           | NAPLES, FL 34117                             |   |  |   |
|                           |  | City/State and Zip Code   | <del></del>  |   |
|                           | gelaynemorales@yahoo.co                      | m<br>(to be used for future annual report notifi                    | ication)   |   |
| For further information   | concerning this matter, please of            | ·   |  |   |
| GELAYNE MORALE            | S MORAGUES                                   | 239 330-5522<br>at ( )  |  |   |
| 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 Filin  Certificate  Certified Co  (additional co | of Status &   |
| Mailing Addr              |  | Street Address:   | <b>.</b> **  |   |
| Registration Division of  | Section<br>Corporations                      | Registration Sec<br>Division of Corp                                |  |   |
| P.O. Box 63               | 327  | The Centre of Ta  |  |   |
| Tallahaccee               | FI 32314                                     | 2415 N. Monroe  | Street Suite 916   | )   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| G REALTY HOME LLC   |  |
|---|--|
| (Name of the Limited Liability Company as it<br>(A Florida Limited Liability  | now appears on our records.)<br>Company)             |
| The Articles of Organization for this Limited Liability Company were fill Florida document number L24000079740            | iled on 02/14/2024 and assigned                      |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability co   | mpany here:  |
| G REALTY HOMES LLC  |  |
| The new name must be distinguishable and contain the words "Limited Liability Com   |  |
| Enter new principal offices address, if applicable:   | Ti G   |
| (Principal office address MUST BE A STREET ADDRESS)   |  |
|   |  |
|   | -  |
| Enter new mailing address, if applicable:   | ं ज  |
| (Mailing address MAY BE A POST OFFICE BOX)  | ——————————————————————————————————————               |
|   |  |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: | on our records, enter the name of the new registered |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address                         |
|   | , Florida  |
| Cip   |  |

## 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

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>                             | <u>Address</u> | Type of Action |
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| ective date, if other than the date of filing:  2/9/20  effective date is listed, the date must be specific and cannot be prior to date ie: If the date inserted in this block does not meet the applicable s ument's effective date on the Department of State's records. | C OL MINIS OF HIGHE HIAN 30 HAVE RIBER THING I PHYSOGRAFIA HUS I |
| cord specifies a delayed effective date, but not an effective time, at filed.  | t 12:01 a.m. on the earlier of: (b) The 90th day after           |
| FEBRUARY 19 , 2024   |  |
| 1 1.   |  |

Filing Fee: \$25.00