L24000177755

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COVER LETTER

	Registration Section Division of Corporations					
CUD IE C'		AUL REAL ESTATE LLC				
SUBJEC	·	Name of Lim	ted Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	arn all correspo	ndence concerning this matter	to the following:			
		BODIL MAUL				
			Name of Person		=	
	BODIL MAUL REAL ESTATE LLC					
			Firm/Company			
		7420 MONACO ST				~.
		<u> </u>	Address			~ ?
	CORAL GABLES, FL 33143					 1
			City/State and Zip Code			•
		info@davcainc.com				Ä
		E-mail address: (to be used for future annual report not	ification)	PEN PEN	AH 7:25
For further	er information c	oncerning this matter, please c	all:		إنا	Oi
BODIL	MAUL		+1 786 797 00 at ()	13		
	Name o	f Person	Area Code Daytir	nc Telephone Numb	er	
Enclosed	is a check for th	he following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed).	Certifie	Filing Fee, tate of Stated Copy al copy is end	
	Mailing Addre Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Solvision of Co The Centre of 2415 N. Monro Tallahassee, F	rporations Tallahassee oe Street, Suite	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODIL MAUL REAL ESTATE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/08/2024 ____ and assigned Florida document number _____L24000177755 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BODIL MAUL 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: (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

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.

, 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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fan effective date is liste Note: If the date inser	ter than the date of f d. the date must be specific ted in this block does n date on the Department	c and cannot be prior to date not meet the applicable st	of filing or more than 90 day	(optional) rs after filing.) Pu ts, this date wil	rsuant to 605.0207 not be listed as
record specifies a del d is filed.	ayed effective date, but	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90	th day after the
Dated_JUNE_	17	,			
	Signature o	Saul of amember or authorized re	epresentative of a member		
		Bodil ma			