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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bailey Real Estate Consultant 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:
Shawn Bailey Name of Person
Britey Real EState Consultant Lle
265 MAY WOOD AVE NW
PA-MISAGE and Zip Code City/State and Zip Code DA: ley- real- estate-consultant. LCC D 6-intil address: (to be used for future annual report notification) Dut-look, CDI
For further information concerning this matter, please call:
Shawn Bailey at 321, 302-0744 Name of Person at Code Daytime Telephone Number
Enclosed is a check for the following amount:
S325.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status S4 Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

10:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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

Bailey Roy Esta- (Namp of the Limited Liability Company as it now (A Florida Limited Liability Com	Le Consultant LLC uppears on our records.) uppany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\underline{LZ4000Z0Bb63}$	on $\frac{5/3/2024}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"The designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	10 & T
	2 2
	XS = m
Enter new mailing address, if applicable:	man II
(Muiling address MAY BE A POST OFFICE BOX)	
	- Fig. 2
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
ε	uter Florida street address
	, Florida
City	Zip Cude

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
AP_ Authorized person	Shawn Bailey	265 MAY WOOD AV NW PALM BAY, F1329	_ OPAdd 70 7 _ □ Remove
			□Change
V			□Add
.:			□ Remove
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n effi <u>ete:</u>	ive date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
ecore	d 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
ted .	May 21 2024
	· // 1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00