Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000406490 3)))



H240004064903ABCS

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To:
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN : FRANKY REALTY GROUP LLC

Certificate of Status	0
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NOTE OF PROPRISIONS

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Help

From: Candace Pringle

To



December 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FRANKY REALTY GROUP LLC 31606 BARREL WAVE WAY WESLEY CHAPEL, FL 33545US

SUBJECT: FRANKY REALTY GROUP LLC

REF: L24000274961

We have received your document for FRANKY REALTY GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the 2nd page of the amendment you have change checked but no information on what you want changed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 024A00026978

FAX Aud. #: H24000406490

## **COVER LETTER**

From: Candace Pringle

	gistration Se vision of Cor			
		REALTY GROUP LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of ,	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
Firm Company				<del></del>
	9900 Spectrum Dr			
			Address	
		Austin, TX 78717		
		<u> </u>	City/State and Zip Code	
		rth.0210@.gmail.com		
For further i	nformation ct	Ii-mail address: (i oncorning this matter, please ea	to be used for future annual report notifi ill:	cation)
Mike Town			800 773-0888	
	Name of		Area Code Davtime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25,00 H	Filing Fee	S30.00 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANKY REALTY GROUP LLC			
(Name of the Limi	ted Liability Comp: (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.24000274961	iability Company	were filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Lumited Liabi	hty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		37325 Meridian Ave, APT 216	
(Principal office address MUST BE A STREET ADDRESS)		Dade City, FL 33525	
		8 i da 1-18 a da 1-1	7075
Enter new mailing address, if applicable:		37325 Meridian Ave. APT 216	
(Mailing address MAY BE A POST OFFICE BOX)		Dade City, FL 33525	
B. If amending the registered agent and registered agent and/or the new registered o	/or registered o ffice address her	ffice address on our records, jee:	enter the name of the
Name of New Registered Agent:	RAMIRO FRANKY		
New Registered Office Address:	37325 Meridia	n Ave. APT 216	
		Enter Florida street address	
	Dade City		da <u>33525</u>
		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.

/S/_RAMIRO FRANKY
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:

LegalZoom.com, Inc.

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	FRANKY, RAMIRO		Add
			☐ Remove
		37325 Meridian Ave, APT 216 Dade City, FL 33525	🗏 Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			🗆 Add
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<del></del>			O Add
			☐ Remove
			☐ Change

D. Ifaman			2025-01-03 07:43:35 PST ion, enter change(s) here: <i>(Attac</i>	LegalZoom.com, Inc -h. additional sheets if necessary)	
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E. Effective	: date. i	if other than the d	late of filing:	(optional) filing or more than 90 days after filing.) Pursua	
(If an effect Note: If	ive date : The date	is listed, the date must be inserted in this block	be specific and cannot be prior to date of ek-does not meet the annifeable statu	tory filing requirements, this date will no	ni to 905.0207 (3)(0) t be listed as the
			partment of State's records.	to the state of th	
		•			
				ective time, at 12:01 a.m. on the	e earlier of:
(b) The 9	uth aa	ry after the recor	ru is meu.		
		01.00	262.7		
Dated		01/03	2025 		
	191	RAMIRO FRA	NKY		
	101		Signature of a member of authorized tept		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00