L24 000 303120

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(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

	Registration Section Division of Corporations						
CHD ÉC	7960 Realty						
SUBJECT: Name of Limited Liability Company							
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Don Gilbert					
			Name of Person				
			Firm/Company				
		16879 SW 49th Court					
			Address				
		Miramar, FL 33027					
		City/State and Zip Code dondabarber@gmail.com					
		E-mail address: (to be used for future annual report not	ilication)			
For furth	er information c	concerning this matter, please ca	all:				
Don Gilbert		786 247-6162					
	Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed	l is a check for th	he following amount:					
■ \$25. 0	00 Filing Fee	☐ \$30.00 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 Addres		Street Address:	ation.			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 18 7. 7:4:0 7960 Realty 1, 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 $\frac{\text{July }08,\,2024}{\text{Liability }}$ and assigned Florida document number <u>L24000303120</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: (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: N/A 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.

City

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Binita Mehta	16879 SW 49th Court	
		Miramar, FL 33027	■Remove
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N/A		
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te: If the date inserted in this	e date of filing:	
cord specifies a delayed effect s filed.	ive date, but not an effective time, at 12:01 a.m. on the earlic	er of: (b) The 90th day after the
ed July 11	2024	
	01.10	
	Signature of a premiter or authorized representative of a member	
	Signature of a member of antiformed representative of a member	
Don Gilbert	,	
	Typed or printed name of signee	

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