## P2000094125

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ Collective Realty, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lindsey Fowkes Name of Contact Person Collective Realty, Inc. Firm/ Company 14310 N. Dale Mabry Hwy. Suite 100 Address Tampa, FL 33618 City/ State and Zip Code Lindsey@remaxcollectivefl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813 ) 943.1392

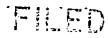
Area Code & Daytime Telephone Number Lindsey Fowkes Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Collective Realty, Inc.	2023 NOV TR PM 3: 01
(Name of Corporation as currently filed	
P20000094125	SEL GATE
(Document Number of Corp	oration (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> s Articles of Incorporation:	a Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "compa Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profi chartered," "professional association," or the abbreviation "P.A."	ny," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office 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)	
(Mutting dauress MAT BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in	Florida, enter the name of the
new registered agent and/or the new registered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	
(Florida street ada	ress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with ar	d accept the obligations of the position.
··	
Signature of New Register	ed Agent, if changing
Theck if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	Heather Stotts	11610 Murray Avc.
X Add			-	Largo, FL 33778
Remove				
2) Change	<del> </del>			
Add				<u> </u>
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
<del></del>	
If an amandment provides for an arch	hanna madani@astina an annallatina afiana dalama
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	

<u>-</u>	
Effective date if applicable:	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
must be separately provided fo	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
all directors/presiden	st for the amendment(s) was/were sufficient for approval  Uregistered agents of Collective Realty, Inc.  "
by	(voting group)
9/27/2023	3
Dated	3
DatedSignature(By a select	director, president of other officer – if directors or officers have not been red, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
Dated Signature (By a select	director, president of other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court
Dated Signature (By a select	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)



October 15, 2023

LINDSEY FOWKES 14310 N. DALE MABRY HWY. TAMPA, FL 33618

SUBJECT: BELLA VISTA REI, LLC Ref. Number: L23000242761

We have received your document for BELLA VISTA REI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler Regulatory Specialist II

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