

L18 000079819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

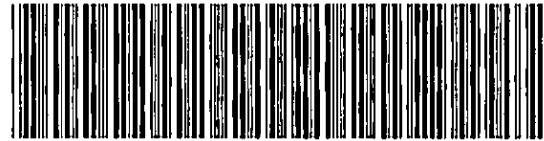
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bargain Bundles, 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:

Bosze Joseph  
Name of Person

Bargain Bundles, LLC  
Firm/Company

100 E. Pine St, Suite 100  
Address

Orlando FL, 32801  
City/State and Zip Code

BOSZE@ENTENTEREALTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bosze Joseph at (321) 710-5720  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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**

Bargain Bundles 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 03/28/2018 and assigned  
Florida document number L78000079819.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ENTENTE REALTY Partners, 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)**

100 E. PINE ST

Suite 100

Orlando FL, 32801

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

100 E. Pine St

Suite 100

Orlando FL, 32801

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**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:

Rosze Joseph

New Registered Office Address:

9149 Lee Vista Blvd. Unit 410

*Enter Florida street address*

Orlando

Florida

32829

*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.*

**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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Proszek Joseph → Joseph	9149 Lee Vista Blvd. Unit 410 Orlando FL 32829	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Secretary	Rosedale Joseph	2230 Spring Harbor Dr Apt L Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MANAGER	Jessica Joseph	3610 Jefferson Commons Dr Apt 102 Tampa FL 33613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

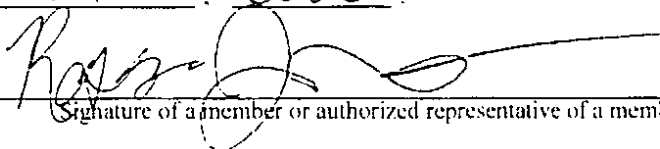
2. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 19, 2020.



Signature of a member or authorized representative of a member

Rosze Joseph

Typed or printed name of signer