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'AN 13 2021

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Entente Realty Partners, LLC Name of Lighted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROSTE Joseph Name of Person
Entente Realty Partners, LLC
100 E PINE St., Suite 110
Orlando FL 32829 City/State and Zip Code
E-malfaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
POSTE JOSEPH at (321), 710-5720 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Entente healty	Partners, LLC	
(<u>Name of the Limited Hiab</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	cords.)
	02100	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{\sqrt{5}}{28}$	2018 and assigned
The Articles of Organization for this Limited Liability Florida document number $\frac{180007981}{1}$	<u>4</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	on war
Same		12
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registered
Name of New Registered Agent:	sme	
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	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 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>	Address	Type of Action
MCR	Rosze Joseph	9149 Lee VISTA Blvd.	_ tvAdd
		Unit 410	□Remove
		Orlando FL, 32829	□Change
Presidn 1	Rosze Joseph	9149 Lee Vista Blud	□Add
		Unit 410	Wemove
		Orlando PL, 32829	□Change
<u>VP</u>	Rosedale Joseph	2230 Spring harbor Dr	🗀 Add
		Apt L	tremove
		Delruy Beach FL, 3394	☐ □Change
trustee	Jessia Fosepin	3610 Jefferson Conny Dr	□Add
	, in the second	Apt 102	[Remove
		Tampa FL, 33613	□Change
secretary	Rosedale Jusepin	2230 Spring harbor Dr.	□Add
		Apt L	themove
		Pelray Beah FL, 334+	□Change
Manger	Jerrica Joseph	3610 Jefferson Comment	Add
		Prot 102	Nemove
		Tanpa FL, 33613	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Hello Secretary of State:
I would like to make sure that for these document, under this ILC there is only
one person listed as "manager" and that
President, UP, trustee, Scrafay ged Securu manager.
The only person listed should be " Posze Joseph" under the fittle of "manager".
All other listed namer should be removed.
E. Effective date, if other than the date of filing: 1 25 20 (optional) (It'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) 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 Novembly 25 . 2020 . Signature of a member or authorized representative of a member
ROSZE JOSCOM Typed or printed name of signee

D.

Filing Fee: \$25.00