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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations v	. gę ♣ ga s	• •				
SUBJE		ealty, LLC		* .				
		Name of Limited Liability Company						
		Amendment and fee(s) are sub	Ū					
Please	return all correspoi	ndence concerning this matter Melissa Rice	to the following:					
			Name of Person					
			Firm/Company					
	·	P O BOX 463						
		SANIBEL FL 33957	Address					
		mriceteam@aol.com						
			to be used for future annual report notif	ication)				
	her information co sa Rice	oncerning this matter, please c	239 398 - 040	4				
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclose	ed is a check for the	e following amount:						
□ \$25	6.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVI NICE REALLY, LLC	,	
(<u>Name of the Limited L</u> (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on April, 7, 2005	and assigned
Piorida document number	 ·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
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		
		Son
Name of New Registered Agent:		一角質 み
Name of New Registered Agent.		ART AN
New Registered Office Address:		
	Enter Florida street address	SSE 2
	. Florida	
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I have by account the approximate set as verificated a	and and areas to get in this compain. I finishes a	
	gent and agree to act in this capacity. I further a and complete performance of my duties, and I am	
	red agent as provided for in Chapter 605, F.S. Or	
	istered office address, I hereby confirm that the l	
company has been notified in writing of this cha	¥	•

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
J Kevin Greten	4557 Bowen Bayou	Add
	Sanibel, FL 33957	□ Remove
-TU-78		□ Add
		Remove
		□ Remove
	****	TALLED Remove ANASSEE ANASSEE ANASSEE
		ORIGINA Remove
		□ Remove
		J Kevin Greten 4557 Bowen Bayou

· ·	ter change(s) here: (Attach additional sheets, if necessary.)
•	
<u> </u>	
	
Effective date, if other than the date of it (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depa	to date of receipt or filed date and cannot be more than 90 days after
Dated December 1	2014
1//	,
NUM	l
Melissa A Rice Signature	of a member or authorized representative of a member

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Filing Fee: \$25.00