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COVER LETTER

SUBJECT: PROVIDENCE Team Realty 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: **Lathy A PERNO Name of Person** PROVIDENCE TEAM Realty LLC Firm/Company P. O. Box 40313 Address St. Petters burg L. 33743 City/State and Zig/Code KNENDA DRAY delase team realty Com For further information concerning this matter, please call: **Lathy A Person** Area Code Daytime Telephone Number** Enclosed is a check for the following amount: \$\int \text{25.00 Filing Fee} \Bigcin \text{33.000 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcin \text{360.00 Filing Fee, Certified copy (codditional copy) is conclosed)}	TO:	Registration Section Division of Corporations	
Please return all correspondence concerning this matter to the following: Rathy A Person	SUBJE	T: PROVIDENCE Team Realty LLC Name of Limited Liability Company	
For further information concerning this matter, please call: A. Person Provided the following amount: S25,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (certified Co	The enc	sed Articles of Amendment and fee(s) are submitted for filing.	
Name of Person PROVIDENCE TEAM Leastly XXC Firm/Company P. O. Box 40313 Address City/State and Zip/Code KPERNA DROVIDENCE team seature com E-mail address to be used for future annual report notification) For further information concerning this matter, please call: XALLY A. PERNA at (727) 735 - 3327 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\int \text{\$25.00 Filing Fee} \text{\$\text{\$\text{\$S5.00 Filing Fee} & \$\text{\$\text{\$\text{\$\$Certificate of Status} & \$\text{\$\text{\$\$Certificate of Status & \$\text{\$\text{\$\$Certified Copy}	Please re	urn all correspondence concerning this matter to the following:	
Firm/Company P. O. Box 40313 Address City/State and Zip/Code Korry And Drovi desce team sealty com E-mail address to be used for future annual report notification) For further information concerning this matter, please call: Athy A. Perna at (727) 135 - 3327 Name of Person at (727) Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed) Certified Copy Certified Copy			
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For further information concerning this matter, please call: A Person Area Code Daytime Telephone Number		P.O.BOX 40313 Address	垄
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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 ARTICLES OF ORGANIZATION **OF**

PROVIDENCE TEAM (Name of the Limited Liability Compar	n Realty, LLC
(A Florida Limited L	Liability Company) U
The Articles of Organization for this Limited Liability Company Florida document number $2/5000/00954$	were filed on $\frac{6/10/20/5}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	pility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ility 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 403/3 St. Petersburg 74. 33742
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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>	Address	Type of Action
AMBR	Alexander J. PERM	7301 DAVHMOUTH AVE N	Add
	·	7301 Davinouth Ave N St. Petersburg FL.	Remove
		33710	Change
			Add
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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. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.		
The 90th day after the record is filed. $\frac{3/30/2017}{2000000000000000000000000000000000000$	n effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.020
sted 3/30/2017		n effective time, at 12:01 a.m. on the earlier o
	3/20/2017	
Signature of a member or authorized representative of a member	Mathan Parada	
	Signature of a member or authorized LALLY A. PERNA Typed or printed na	d representative of a member

Page 3 of 3

Filing Fee: \$25.00