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D. SCOTT JAN 4 2017

COVER LETTER

TO:		istration Sect sion of Corpo							
SUBJI	ECT:	PHOBN	ix Group	REPLTY	LLC				
			Nam	e of Limited Lial	oility Company				
The en	closed	Articles of A	mendment and fee(s)	are submitted t	for filing.				
Please	return	all correspond	dence concerning this	matter to the f	ollowing:				
				Indre f	frankea				
			/\. 	MOENIX	Cou-f	REALTY			
					Address				₩.
				City/S	State and Zip Code	3			
			E-mail a	ddress: (to be use	d for future annua	ıl r e port notificati	ion)	70 1	
For fu	rther in	formation cor	ncerning this matter, 1	olease call:					
1	Ind.	ce A	muela c		at (561)	843 -2	476	M-3 P	T
7	/ • • • • •	Name of I	Person		Area Code	Daytime Tel	lephone Number	150 2 1	ン
Enclos	ed is a	check for the	following amount:						
\$2	5.00 Fi	iling Fee	□ \$30.00 Filing Fee Certificate of S	tatus	55.00 Filing Fee Certified Copy (additional copy is er		Certified (of Status &	

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

	P REALTY LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>16000 199673</u>	Company were filed on <u>40/31/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
REAL LIFE PROPERTY	Y MANAGEMENT LL	C
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		58 3
B. If amending the registered agent and/or regis		er the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	一 一
		一路 い 川
Name of New Registered Agent:		30
New Registered Office Address:		
	Enter Florida street address	5 G
	, 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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ective date, if no effective date is lefter in the date in	isted, the date r	nust be specific an	d cannot be prior to	date of filing or mo	re than 90 days after	ional) r filing.) Pursuant to 605.0 s date will not be listed
cument's effective				, ,	•	
record speci The 90th day				an effective tii	me, at 12:01	a.m. on the earlier
Λ	mber	29th	2016	.•		
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