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| (Requ | uestor's Name) | |
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| (Addr | ess) | |
| (Addr | ess) | |
| (City/: | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ling Officer: | |
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Office Use Only



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COVER LETTER

| | tegistration Sec Division of Corp | | | |
|-------------|--------------------------------------|--|---|---|
| OLUD DE CO | LRR Realty | | | |
| SUBJECT | l'; | | ited Liability Company | |
| The enclos | sed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspor | ndence concerning this matter | to the following: | |
| | | Daniel Falcone | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 1 Town Center Rd, Ste 600 | 0 | |
| | | | Address | |
| | | Boca Raton, FL 33486 | | |
| | | | City/State and Zip Code | |
| | | accounting@ndmhospitality | y.com to be used for future annual report notifi | ication) |
| For furthe | r information co | oncerning this matter, please co | | Eurony |
| Daniel Fa | Icone | | 954 913-5081 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed i | s a check for th | e following amount: | | |
| \$25.00 |) Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

T0:

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

| LRR Realty LLC | |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Lability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on 11/29/2017 and assigned |
| Florida document number L17000245206 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| P4L Realty ELC | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 8011 Fins Up Cr |
| (Principal office address MUST BE A STREET ADDRESS) | Kissimmee, FL 34747 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | · |
| | 20 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| B. If amending the registered agent and/or registered of | fice address on our records, enter the name of the nev |
| registered agent and/or the new registered office address here | |
| | SSI 12 |
| 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 |
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| Effective date, if other tha | n the date of filing | : | | (optional) | |
| (If an effective date is listed, the da <u>Note:</u> If the date inserted in a document's effective date on | this block does not me | eet the applicable | ate of filing or more the statutory filing requ | in 90 days after filing.) Pu irrements, this date wil | rsuant to 605.0207 (I not be listed as t |
| the record specifies a de The 90th day after the | layed effective da e record is filed. | ate, but not a | n effective time, | at 12:01 a.m. on | the earlier of |
| Dated October 31st | , | 2019 | | | |
| Dated | | | | | |
| | Sec- | _ | d representative of a n | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00