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COVER LETTER

TO:

Registration Section

Divisio	on of Corp	orations	•				
	ELLER W	ILLIAMS OF HIGHLANDS	COUNTY, LLC				
SUBJECT:	,	Name of Lim	ited Liability Company		_		
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.				
Please return al	l correspon	dence concerning this matter	to the following:				
		JAMES P QUINN					
			Name of Person				
		PEACE RIVER PARTNE	RS REALTY, LLC				
			Firm/Company			2622	
		1675 W MARION AVE			RETARY	2022 JUL - I	1
			Address			<u>-</u>	
		PUNTA GORDA, FL 339	50		er styl	AM II: 20	
		- 	City/State and Zip Code			: 20	
		jquinn@kw.com			` r -	_	
		E-mail address: (to be used for future annual report notif	ication)			
For further info	rmation co	ncerning this matter, please ca	all:				
JAMES P QUI	NN		941 457-1380				
	Name of	Person		: Telephone Num	ber	_	
Enclosed is a ct	heck for the	e following amount:					
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Forces of Sicate of	tatus &	
Regis Divis P.O.	ng Address stration Section of Co Box 6327 hassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee Street, Suite	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLER WILLIAMS OF HIGHLANDS COUNTY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/27/2019}{}$ _____ and assigned Florida document number L19000056880 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KELLER WILLIAMS OF HIGHLANDS, LLC The new name must be distinguishable and contain the words "Limited Liability 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) :- (// 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 address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

_, Florida __

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>	<u>Address</u>	-	Type of Action
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				_ □Remove
		<u> </u>		_ □Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	optional) days after filing.) Pursuant to 605.0207
ie: If the date inserted in this block does not meet the applicable statutory filing requiren ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlist filed.	lier of: (b) The 90th day after the
ed June 24 2022	

Typed or printed name of signee