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COVER LETTER

Realm by	Jaime Morocco, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Francis G. Gleason, Jr., Es	·q.	
	•	Name of Person	
	Gleason & Gleason, P.C.		
		Firm/Company	
	10 Post Office Square, Sui	te 800 South .	
		Address	-
	Boston, MA 02109		
		City/State and Zip Code	
	frank@gleasonandgleason.c		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Francis G. Gleason, Jr	., Esq.	617 515-9015	
Name	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Realm by Jaime Morocco, LLC				
(<u>Name of the Limited</u> (?	l Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lial	bility Company	were filed on May 10, 2021	and assigned	
Torida document number 1.21000260546	,			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here:		
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity 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)		16850 Collins Avenue, #112-327		
		Sunny Isles Beach, FL 33160		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		16850 Collins Avenue, #112-327 Sunny Isles Beach, FL 33160		
		<u> </u>		
3. If amending the registered agent and/or registered office address	4.	address on our records, <u>enter the n</u>	ame of the new regist	
Name of New Registered Agent:			12	
New Registered Office Address:	16850 Collins A	Avenue, #112-327.	Pri	
		Enter Florida street address	رن رن ي <u>ن</u> 33160: ين	
	Sunny Isles Bea	, rioriua	375 TON	
		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 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
MGR	Jaime Morocco	16850 Collins Ave., #112-327, Sunny Isles Beach,	□Add
		FL 33160	□ Remove
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			🗆 Add
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Maatiwa data ifathar tha	an the date of filing:		(ontional)	
an effective date is listed, the d	ate must be specific and cannot b	be prior to date of filing	or more than 90 days after filing.) Pursuan filing requirements, this date will not	
	the Department of State's re		ming requirements. This date with hor	be made as
record specifies a delayed e Lis filed.	ffective date, but not an effe	ctive time, at 12:01 a	.m. on the earlier of: (b) The 90th d	ay after the
			•	
ated August 24	2021	<u> </u>	•	
		>	<i>~</i> ↓	
		1 11		

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Typed or printed name of signee