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Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055

Phone : (239)308-9191

Fax Number : (239)552-4185

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

ljs@salvatori.legal Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAVID AND ZAHRA REALTY, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DAVID AND ZAHRA REALTY, LLC

company has been notified in writing of this change.

| The Articles of Organization for this Limited Liability Company | y were filed on DECEMBER 2 | 6, 2002 Apid assigned | | | | |
|--|---------------------------------------|---|--|--|--|--|
| Florida document number L02000034754 | | | | | | |
| his amendment is submitted to amend the following: | | | | | | |
| L. If amending name, enter the new name of the limited lin | hility company here: | | | | | |
| | | | | | | |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company." the designation "LL | C" or the abhreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 157 FOREST AVENUE | 7 CT | | | | |
| Principal office address MUST RE A STREET ADDRESS) | HUDSON, MA 01749 | | | | | |
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| | | A STATE OF THE PERSON AND ASSESSMENT OF THE PERSON AND ASSESSMENT OF THE PERSON ASSESSMENT. | | | | |
| Inter new mailing address, if applicable: | 157 FOREST AVENUE HUDSON, MA 01749 | | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | | | | |
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| 3. If amending the registered agent and/or registered of | office address on our record | ds, enter the name of th | | | | |
| egistered agent and/or the new registered office address he | | | | | | |
| | | | | | | |
| Name of New Registered Agent: | | | | | | |
| N 0 1 100 All | | | | | | |
| New Registered Office Address: | Enter Florida street addri | 255 | | | | |
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| | , P | loridaZqrCode | | | | |
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If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 -

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.

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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> | Name | | Address | Type of Action |
|--------------------------|---------------------------------------|---|----------------------|--------------------------|
| MGR | MONA ANTARAMIAN | | PO BOX 2307 | |
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