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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 23, 2005

JENNIFER OPENSHAW 9800 S. LA CIENEGA BLVD. #410 INGLEWOOD, CA 90301

SUBJECT: REVIVE THERAPY, L.L.C.

Ref. Number: L03000027787

We have received your document for REVIVE THERAPY, L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will per retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 205A00019897

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: FORTH SUBJECT: REVIVE THERAPY
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) (Name of Person) School S. La Clenega Blud # 410 APR -8 PH 1: 48 [Address] [City/State and Zip Code) For further information concerning this matter, please call:		Tenn fer Offa Shaw (Name of Person)			
9800 S. La Cienega Blud #410 ALLAHASSEE		(Firm/Comnspy)			
9800 S. La Cienzaga Blud #410 LLAHASSEE		(one constant)	₽°	22	
(Address) AARY SSEE CONTO		9800 S. La Cienega Blud #410	LCRE	JOS API	
T 1 00 00701		(Address)	ASS	70	
City/State and Zip Code)		Ingleword, CA 9030/ (City/State and Zip Code)	Y OF ST	8 PM 1	כ
				<u></u>	
For further information concerning this matter, please call:	For further infor	nation concerning this matter, please call:	≥.	ω	
Tuni lev Open Shaw at 310 9809352 (Name of Person) at 310 9809352 (Area Code & Daytime Telephone Number)	In	nifer Openshaw at 310,9809252			

Enclosed is a check for the following amount:

3 \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status (1) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Leuve Therapy	, <u>.</u>		
	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on Tuly 39, 3003 and assigned document number 2030000 27787.			
SECOND:	The following amendment(s) to the Adialog of Openingtion was found to 1 1	e limite	:d	
	the company: Change the name and purpose of the company to OProperties, We for real estate.	SLURE FARY OF STATE TALLAHASSEE, FLORIDA	2005 APR -8 PM 1: 48	TI O
Dated M	arch 10, 2015.			
	Signature of a member or authorized representative of a member Hunt Fer Open Shaw Typed or prinfed name of signee			

Filing Fee: \$25.00