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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
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| PICK-UP | WAIT | MAIL |
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| (Bu | isiness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Realty Referral Network, LLC | \$ | |
|--|---|---|
| really Neighbor Network, 1960 | - | |
| Name of Lim | ited Liability Company | |
| of Amendment and fee(s) are sub | mitted for filing. | |
| spondence concerning this matter | to the following: | |
| Nicole Ottaviani | | |
| | Name of Person | |
| Posess, Kolbert & Strauss, | PLLC | |
| | Firm/Company | |
| 4455 Military Trail Suite 1 | 02 | |
| | Address | |
| Jupiter, FL 33458 | | |
| nicole@patchreeftitle.com | City/State and Zip Code | 202 - \$1 |
| - - | to be used for future annual report notification) | |
| n concerning this matter, please c | all: | 1020 JUN 23 |
| | 561 296-8504 | χρ, Δ |
| e of Person | Area Code Daytime Telephon | e Number |
| r the following amount: | | ₩ 05 |
| □ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| n Section | Street Address: Registration Section | |
| | Name of Lim of Amendment and fee(s) are subspondence concerning this matter Nicole Ottaviani Posess. Kolbert & Strauss. 4455 Military Trail Suite Jupiter. FL 33458 nicole@patchreeftitle.com E-mail address: (n concerning this matter, please e re of Person or the following amount: \$30.00 Filing Fee & | Name of Limited Liability Company of Amendment and fee(s) are submitted for filling. spondence concerning this matter to the following: Nicole Ottaviani Name of Person Posess. Kolbert & Strauss. PLLC Firm/Company 4455 Military Trail Suite 102 Address Jupiter. FL 33458 City/State and Zip Code nicole@patchreeftitle.com E-mail address: (to be used for future annual report notification) in concerning this matter, please call: at (|

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida Realty Referral Network, LLC | | |
|---|---|------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records nited Liability Company) | .) |
| The Articles of Organization for this Limited Liability Com | pany were filed on <u>09/01/2004</u> | and assigned |
| Florida document number 1.04000064917 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | Hiability company here: | |
| 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 ADDRES | <u></u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 2 7 7 |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · |
| | | P. 1 |
| | | .* |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>enter t</u> | the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · | |
| | Enter Florida street address | |
| | | rida |
| | City | Zip Code |
| Now Desictored Ament's Cignature if abanding Desictored 4 | aont: | |

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 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Actio |
|--------------|---------------------|-------------------------------|-----------------|
| MGR | Alexandra J. Posess | 4455 Military Trail Suite 102 | □Add |
| | | Jupiter, FL 33458 | ≡ Remove |
| | | | □Change |
| MGR | Juliana B. Posess | 4455 Military Trail Suite 102 | ≣ Add |
| | | Jupiter, FL 33458 | □Remove |
| | | | □ Change |
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| fective date, if other than the date of filing: | | on effective date is listed, the date must ote: If the date inserted in this black in the date inserted in this black. | date of filing: | be prior to date of fil applicable statuto | ing or more than 90 day | (optional) s after filing.) Pursuan | C: |
| cument's effective date on the Department of State's records. | | record specifies a delayed effective is filed. | e date, but not an effe | ective time, at 12:0 | I a.m. on the earlier | of: (b) The 90th d | ay after |
| cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after | record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after is filed. | | 2020 |) | | | |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. | is filed. | June 22 | 2021 | | | | |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. | is filed. The description of th | ated June 22 | 7000 | · | | | |

Filing Fee: \$25.00