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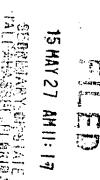
| (Requestor's Name) | , |
|---|------|
| (Address) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Sta | tus |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| Aloha Rea SUBJECT: | Ity Group, LLC | | |
| SUBJECT: | Name of Limite | d Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are submi | itted for filing. | |
| Please return all correspondent | ondence concerning this matter to | the following: | |
| | Amanda Butler | | |
| | _ | Name of Person | |
| | Aloha Realty Group, LLC | | |
| Firm/Company | | | |
| | 940 West Oakland Ave Unit | A10 | |
| | | Address | |
| | Oakland, FL 34787 | | |
| | | City/State and Zip Code | |
| | E-mail address: (to | be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please call: | : | |
| Amanda Butler | | 407 876-6335 | |
| Name (| of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Alona Realty Group, LLC | | |
|---|--|------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L06000076148 | were filed on 08/02/2006 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 940 West Oakland Ave | |
| (Principal office address MUST BE A STREET ADDRESS) | Unit A11 | |
| | Oakland, FL 34787 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | er the name of the new |
| Name of New Registered Agent: | | 130 S |
| New Registered Office Address: | Enter Florida street address | 2 |
| | , Florida | |
| - 10 mm | 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGR | Scott Kauffman | 940 W. Oakland Ave | |
| | | Unit A10 | ■ Remove |
| | | Oakland, FL 34787 | |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
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| amending any | other information, enter (| amangalay meres (rinteen | · · · · · · · · · · · · · · · · · · · | / // | | |
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| E ffective date, if c If an effective date is I | other than the date of filingsted, the date must be specific at | ng: | (optional ling or more than 90 days after | o nal) : filing.) Pursua | ant to 60: | 5.0207 |
| Note: If the date in | serted in this block does not e date on the Department of | t meet the applicable statute | ory filing requirements, this | s date will no | t be list | ted as |
| accument s effectiv | e date on the Department of | State & records. | | | | |
| ne record specif | ies a delayed effective | date, but not an effe | ctive time, at 12:01 a | a.m. on the | e earli | ier o |
| The 90th day | after the record is filed | i. | , | | | |
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| | Signature of a | a member or authorized repre | sentative of a member | <u> </u> | 27 | Angelskale Alleis væ |
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| | | Typed or printed name of: | signee | 75.00 | | |

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Filing Fee: \$25.00