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DEPAY OF STATE
DIVISION OF CORPORATIONS

11 APR -7 PM 1:57

SECRETARY OF STATE ORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	*
SUBJECT: Laver Real Estate Croup LLC Name of Limited Liability Company	1 AR 1 S
The enclosed Articles of Amendment and fee(s) are submitted for filing.	پ در په
Please return all correspondence concerning this matter to the following:	ب ب: د
Miranda A(d Name of Person Laver Real Estate Group Firm/Company	
Laver Real Estate Croup Firm/Company	LLC_
539 E. Park Ave	
Tallahassee, FL 32301 City/State and Zip Code	
info@ laver real estate a coup. (E-mail address: (to be used for future and ual report not	ification)
For further information concerning this matter, please call:	
Miranda Ard at (850) 942 - 2 Name of Person Area Code & Dayti	me Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 (1) \$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

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action MGRM Miranda Ard 539 E. Park Ave Add Remove Add Add ☐ Remove ☐ Add ☐ Remove ∏ Add Remove ∐Add ___Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) far member or authorized representative of a member Britany Laver Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00