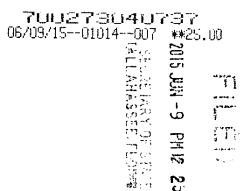
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PICK-UP	(Requestor's Name) (Address) (City/State/Zip/Phone #) -UP	
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Office Use Only

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•	* *	COVER LETTER .	
TO: Registration Sec Division of Cor			· · · · · · · · · · · · · · · · · · ·
SUBJECT:	We R"Y	Realty. ted Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Ela	1 Meir	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Name of Person Real Real Early	7
		Firm/Company	1:
	4700 Sh	Sist st Ho	205
		Address	
	Doc	City/State and Zip Code	314
	E-mail address: (1	City/State and Zip Code PRS to ration X Press to be used for future annual report notion	Cou.
For further information e	oncerning this matter, please ea		
Elad	Meir	at (954) 9 64	-6461.
Name o	f Person	Area Code Dayum	e Telephone Number
Enclosed is a check for the	ne 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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> <u>Address</u> Type of Action _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ ∧dd ે **ા** ાં Change _ Remove Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00