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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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2018 NOV -1 PM 2: 12 SECTION OF SEATO

C. GOLDEN 2018

COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT: Reside	Name of Limited Liability Company
The enclosed Articles of Amendm	ent and fee(s) are submitted for filing.
Please return all correspondence co	encerning this matter to the following:
	Salvader Aguilar Name of Person es idential Connections Realty we Firm/Company D BOX 2914 Address And O Cakes R 34639 City/State and Zip Code SAL C PCRLTY. Cons E-mail address: (to be used for future annual report notification) this matter. please call:
	at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	ng amount:
	00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, rtificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADI	PRESS: STREET/COURIER ADDRESS:

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

2018 NOV -1 PH 2: 12

Residential Connections della (Name of the Limited Liability Company as it now ap) rida Limited Liability Company) 02/09/2011 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L// 00 0 db 119 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>Address</u> Type of Action PAUL POVAZNIK 8875 Hidden River PKny 300 - Add

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fecti	ive date, if other than the date of filing: (optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	90th day after the record is filed.
ated	October 30 2018

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00