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COVER LETTER

Division of Corpor			
SUBJECT: FLO	ontfor 888 Rea Name of Limited	Lty, UC Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submit	ted for filing.	
Please return all corresponde	ence concerning this matter to t	the following:	
	Song	LIN Name of Person	·
	Florida	888 Realty, L	LC_
		33rd Street	
	Pompano	Beach, FL 35 City/State and Zip Code @ gmail.com e used for future annual report notification	3069
-	E-mail address: (to b	e used for future annual report notification	on)
For further information conc	erning this matter, please call:		
ANNI'E FEN Name of Pe	rs6n	at (<u>954)</u> <u>907-32</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the for	ollowing amount:		
□ \$25.00 Filing Fee y	\$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

Florida 88	18 Realty, UC		
(<u>Name of the Limited Li</u> (A Flo	ability Company as it in w appears orda Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL_1100011590		10/10/2011	_ and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	re:	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the de	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
registered agent and/or the new registered office a	address nere,		
New Registered Office Address:	Enter Flori	da street address	
·	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance of i d agent as provided for in C tered office address, I hereb	my duties, and I am fan hapter 605, F.S. Or, if	iliar with and his document is
			2015 5
	If Changing Registered Age	ent, Signature of New Regis	ered'Agent
	Page 1 of 3	SEE FILE	

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> Name **Address Type of Action** Edward, Bronon A MGR Remove ☐ Change Martz, Nikole MGR 8323 NW 51St Nanor **⊠** Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add Remove Change رب Remove

☐ Change

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Effe	ective date, if other than the date of filing: (op effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affective date.	tional) ter filing.) Pursuant to 605.	0207 (3)
Not doct	ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the date inserted are the Department of State's records. The ecord specifies a delayed effective date, but not an effective time, at 12:01 the 90th day after the record is filed.	his date will not be liste	d as the
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