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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nan | ne) | | |
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B. BOSTICK

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EXAMINER

COVER LETTER

| 10: | Division of Co | | \$ | | • |
|---------|--------------------|--|---|--------------------------|-----------------|
| SUBJE | CT: | Heaven's Gate Real | Estate Manageme | ent, LLC | |
| | | Name of Limit | ed Liability Company | | |
| The end | closed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all corresp | oondence concerning this matter | to the following: | | |
| | | | Harold B Salomon | | _ |
| | | • | Name of Person | | |
| | | Heaven's Gat | e Real Estate Manage | ement, LLC | _ |
| | | | Firm/Company | | |
| | | 19 | 21 Abbey Ridge Drive | ı | |
| | | | Address | | • |
| | | | Dover, FL 33527 | | 12. |
| | | | City/State and Zip Code | | |
| | | ha E-mail address: (ι | arbazile@yahoo.com o be used for future annual repor | rt notification) | |
| For fur | ther information | concerning this matter, please ca | all: | | E. F. COR |
| | Harole | d Bazile Salomon | at (505) | 412-7051 | |
| | Name | of Person | | Daytime Telephone Number | ग |
| Enclose | ed is a check for | the following amount: | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | closed) Certified | ate of Status & |
| | | LING ADDRESS: tration Section | STREET/CORegistration | OURIER ADDRESS: Section | |

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 TO ARTICLES OF ORGANIZATION OF

| Heaven's Gate Real Estate Ma | anagement, LLC | | |
|--|------------------------------|-----------------------------|--|
| (Name of the Limited Liability Company as it no (A Florida Limited Liability C | ompany) | | |
| The Articles of Organization for this Limited Liability Company were file | ed on11/09/2011 | and assigned | |
| Florida document number L11000127730 . | | | |
| Γhis amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability com | pany here: | | |
| The new name must be distinguishable and end with the words "Limited Liabil" L.L.C." | ity Company," the designatio | n "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | <u></u> | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | <u> </u> | | |
| | | 8. 5 mm | |
| Enter new mailing address, if applicable: | | Carlo Man 124 | |
| Mailing address MAY BE A POST OFFICE BOX) | | To S. J. | |
| | | | |
| B. If amending the registered agent and/or registered office add | ress on our records, ente | er 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 | | |
| · · · · · · · · · · · · · · · · · · · | , Florida | | |
| 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------|--|----------------|
| MGRM | Salomon, Harry | 1921 Abbey Ridge Drive Dover, FL 33527 | Add Remove |
| <u>MGRM</u> | Salomon, Josiah H | 1921 Abbey Ridge Drive Dover, FL 33527 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, ent | er change(s) here: (Attach additional sheets, if necessary. |) |
| _ | , | | 12 JAN |
| | | | |
| Dated | January 3rd | Jewy: | S: I |
| | Signature of | a member of authorized representative of a member Harold B. Salomon | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00