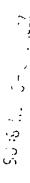


Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

HEAVEN'S GATE REAL ESTATE MANAGEMENT, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harold B Salomon

Name of Person

Heaven's Gate Real Estate Management, LLC

Firm/Company

1921 Abbey Ridge Drive

For further information concerning this matter, please call:

Dover, FL 33527

heavengaterealty@yahoo.com

Enclosed 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 enclosed)

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

☐ \$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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVEN'S GATE REAL ESTATE MANAGEMENT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 9, 2011 and assigned Florida document number L11000127730 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: HAROLD B SALOMON Name of New Registered Agent: 1921 Abbey Ridge Dr. New Registered Office Address: Enter Florida street address

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.

Circ

Dover

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
MGRM	JOSSELINE SALOMON	1921 Abbey Ridge Dr. Dover, FL 33527	⊡Add
			■Remove
			□Change
AMBR	HARRY SALOMON	1921 Abbey Ridge Dr. Dover, FL 33527	≘ ∆dd
			□Remove
			□Change
AMBR	JOSIAH H. SALOMON	1921 Abbey Ridge Dr. Dover, FL 33527	
			□Remove
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an effective date is li lote: If the date in	sted, the date must be specific and cannot be prior to date of filing or me serted in this block does not meet the applicable statutory filing to date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.0207 (
record specities a c l is filed.	delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
ated APRIL 1	2024	
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	Hotallung.	
	Signature of a member or authorized representative	of a member

Filing Fee: \$25.00