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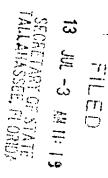
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Master Piece Realty 2 LLC 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:
Doniel Haggerty, Esq.
Daniel Haggerty, Esq. V.H.  Firm/Company  100 SW Alberry Hur. #310  Address  Sturt Fl 34994
100 SW Alberry Hur. #310
Sturt, F1 34994
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nob L. Lowe 1772 267 -4228
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

Master Piece Lealty	2 LLC
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L120012644</u> 7	Sept. 20th 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and end with the words "Limited Liability C "L.L.C."	
Enter new principal offices address, if applicable:	25 Pineappk Ave.
(Principal office address MUST BE A STREET ADDRESS)  [Principal office address MUST BE A STREET ADDRESS]	nsen Beach, A 34957
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ne
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent: 2725	howe Pincapple Hue.
	Enter Florida street address  Cosch Florida 34957  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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manag MGRM = Man	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Kathy J. Slusser	177 NW Magnolia halles Vt. St. Lucie, 17 34486	Add Remove
M <u>GRU</u> M	Lowe Investment LLC	5 3725 NE Pineapple Jensen Beach, A 34is	Add Remove
			Remove
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 larch	15th	, <u>20</u>	<u>.                                    </u>				
	R	120	0	nı		u J 6	8
 	Signature	of a member	or authorized r	presentative	of a member	19 6	ries c
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Page 3 of 3

Filing Fee: \$25.00