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COVER LETTER

Division of	f Corporations	
SUBJECT:	Florida DMI	1 Realty LLC
	Name of Limited	Liability Company
The enclosed Article	es of Amendment and fee(s) are submi	itted for filing.
Please return all cor	respondence concerning this matter to	the following:
	Daksh	a Vakharia Name of Person
		Tradic 07 2 03001
		Firm/Company
	1073 W	Ma Springs Dr. Seute 1045
	Winter S	City/State and Zip Code
	E-mail address: (to b	baleshalakharia. com e used for future annual report notification)
For further informat	tion concerning this matter, please call	:
Daks	ha Vakharia	at (407) 733 2696 Area Code & Daytime Telephone Number
Ni	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
□ \$25.00 Filing Fe	ce □\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)
Į "	IAILING ADDRESS:	STREET/COURIER ADDRESS:
	egistration Section	Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

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**

Florida DMV	Realty LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 130000127.9	were filed on <u>Jan · 3, 2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and end with the words "Limite" L.L.C."	eally, LLC	or the abbreviation
Enter new principal offices address, if applicable:	738 W. Colon	ial Dr
(Principal office address MUST BE A STREET ADDRESS)	738 W. Colons	32804
Enter new mailing address, if applicable:		V: 33 3x
(Mailing address MAY BE A POST OFFICE BOX)		\$ 11 N
B. If amending the registered agent and/or registered office address here:		iame of the new
	3 >	
Name of New Registered Agent:		
New Registered Office Address:	– Enter Florida street address	
	701 and Ja	
	, Florida City Z	ip 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 = Manager MGRM = Managing Member Title Type of Action **Address** Name MGRM Viewpoint Franchise 1073 Willa Springs Dr X Add International, Inc. Swite 1045

- Winter Springs Roma FL32808 MGRM Marketing Solutions, LC XAdd 1073 Willa Springs Dr Remove Suite 1045 Winter Springs FL 32708

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Dated _	March 27, , 2013.
	Ol-Vala
	Signature of a member or authorized representative of a member DAKSHA VAKHARIA
	DAKSHA VAKHARIA
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00