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COVER LETTER

TO: Registration Section
Division of Corporations

LECT: Coast to Coast Realty Solutions, 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:

Dhaima Lindo

Name of Person

Zenith Realty Group, LLC

Firm/Company

2751 S. Ocean Dr. #1505S

Address

Hollywood, FL 33019

City/State and Zip Code

Dhaima20@gmail.com

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

For further information concerning this matter, please call:

Dhaima Lindo

954 557-1171

Name of Person

Area Code & Daytime Telephone Number

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)

☐S60.00 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

Coast to Coast Realty Solutions, LLC

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
|--|--|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000036369</u> . | were filed on <u>3/11/13</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | nility company here: | |
| Zenith Realty Group, LLC | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | 120 East Oakland Park Blv | /d. |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 105 | 7 2 |
| | Ft. Lauderdale, FL 33334 | |
| Enter new mailing address, if applicable: | | AR 25 AR 25 ARASSI |
| (Mailing address MAY BE A POST OFFICE BOX) | | mc -p 1 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | fice address on our records, <u>enter t</u> | he name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addi | ress |
| | , Florida | Zip Code |
| | Cuy | zip Coue |

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 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 ≠ Mat MGRM = M | nager Ianaging Member | | |
|-----------------------|--------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00