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| Special Instructions to F | iling Officer: | |
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| | egistration Sect ivision of Corpo | | | |
|-----------------|--------------------------------------|---|---|---|
| OT ID TECT | REALLUC L | LC | | |
| SUBJECT | ·• | Name of Limi | ted Liability Company | |
| The enclos | ed Articles of Ar | mendment and fee(s) are subt | mitted for filing. | |
| Please retu | ım all correspond | lence concerning this matter t | to the following | |
| | | JEFFREY ROSENBERG | | |
| | | | Name of Person | |
| - | | PLAZA PROPERTY DEV | ELOPMENT INC | |
| | | | Firm/Company | |
| | | 1172 SOUTH DIXIE HWY | Y UNIT 484 | |
| | | ····· | Address | |
| | | CORAL GABLES FL 331 | 46 | |
| | | = | City/State and Zip Code | |
| | | E-mail address: (1 | to be used for future annual report not | ication) |
| For further | r information cor | ocerning this matter, please ca | all: | |
| JEFFREY | ' ROSENBERG | | 305 978-5636 at () | |
| | Name of I | rerson | Area Code Daytim | Telephone Number |
| Enclosed i | 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) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

| R | EALLUC LLC | |
|--|---|--|
| (Name of the Limited Lie billi (A Florida | ty Company as it now appears on our records) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number L13000055926 | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | rited Liability Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | SECONOLIUM NECONITUM NECON |
| | | PEC AME |
| | | AR. |
| Enter new mailing address, if applicable: | | <u>ಎ ಒ</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | a |
| | 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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> | Address | Type of Action |
|--------------|----------------------------|-----------------------|----------------|
| MGRM | REAL PROSPECTIVE LLC | 1172 SOUTH DIXIE HWY | |
| | | 484 | ■ Remove |
| | | CORAL GABLES FL 33146 | Change |
| MGRM | AJELROSE, LP A NEVADA LIMI | 1172 SOTH DIXIE HWY | □ Add |
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| an effec | e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant | ю 605.020 | 7 (|
| | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not but's effective date on the Department of State's records. | e listed as | s tl |
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| e reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ | arlier o | f: |
| | Oth day after the record is filed. | | |
| | December 5 2017 | | |
| oated _ | December 5 2017 | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00