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| (Re | equestor's Name) | |
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| (Cı | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|--|
| Address R SUBJECT: | eal Estate LLC | | |
| SUBJECT. | Name of Lan | nted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | George Theodore | | |
| | | Name of Person | |
| | Address Real Estate LLC | | |
| | _ | Firm Company | · - |
| | 2150 Sw 13 Ave. #107 | | |
| | | Address | |
| | Miami, FL 33145 | | |
| | | City State and Zip Code | |
| | addressmiamie@gmail.com E-ninFaddress (| to be used for future annual report notific | eation) |
| For further information of | concerning this matter, please co | all | |
| George Theodore | | 786 5549190 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| linelosed is a check for t | he 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
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

Address Real Estate 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 ^{7 08 213} and assigned Florida document number 1.13000096099 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 abbrecasio 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: Name of New Registered Agent: 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.

If Changing Registered Agent, Signature of New Registered Agent

. Florida

Zm Code

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 |
|--------------|--------------------|-----------------------------------|-------------------|
| MGE | George Theodore | 2150 SW 13 Ave. #107 Miams, FL. | 🖹 Add |
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| fective date, i | f other than t | he date of filir | ng: <u>6-12-17</u> | | (op | otional) | |
| o te: If the date | inserted in this | s block does not | meet the applica | ible statutory film | g requirements, t | ler filing (Pursuant o his date will not be | o 005 0207 Histed as t |
| cument's effect | nve date on the | · Department of | State's records. | | | | |
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| June 13 | | Γ | 2017 | | | | |
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| | | Signature of a | manber or autho | rized representative | of a member | | _ |

Page 3 of 3

Filing Fee: \$25.00