## 113000099131

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Requestors Name)                       |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| , ,                                     |  |  |  |  |
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

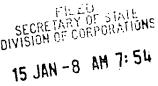
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## COVER LETTER

| TO: Registration S Division of Co  |  | 4  | ' <u>.</u> .   |  |  |
|--|--|--|--|--|--|
| SUBJECT:   | REALTY SOL   | JTH FLORIDA, LLC   |  |  |  |
| Sobster.   |  | ted Liability Company  |  |  |  |
|  |  |  | •  |  |  |
| The enclosed Articles o  | f Amendment and fee(s) are sub                     | omitted for filing.  |  |  |  |
| Please return all corresp  | ondence concerning this matter                     | to the following:  |  |  |  |
|  |  | Virgil Pratt   |  |  |  |
|  | L  | Name of Person   |  |  |  |
| Realty South Florida   |  |  |  |  |  |
| Firm/Company   |  |  |  |  |  |
| 6768 NE 2nd Ave Apt 2  |  |  |  |  |  |
| Address  |  |  |  |  |  |
|  | Miami, Florida 33138                               |  |  |  |  |
|  | City/State and Zip Code                            |  |  |  |  |
| realvpra@gmail.com  E-mail address: (to be used for future annual report notification) |  |  |  |  |  |
|  | ·  | ·  | non)   |  |  |
| For further information concerning this matter, please call:                           |  |  |  |  |  |
|  | Virgil Pratt                                       | ai ( )   | 76-8724  |  |  |
| Name   | of Person  | Area Code & Daytime T  | elephone Number .  |  |  |
| Enclosed is a check for  | the following amount:                              |  |  |  |  |
| \$25.00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status         | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Regis  | LING ADDRESS: stration Section ion of Corporations | STREET/COURIER Registration Section Division of Corporati        |  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORP



| F   | Realty South Florida, LLC  |                          |                         |  |
|---|--|--------------------------|-------------------------|--|
| (Name of the Limite)  | <mark>d Liability Company as it now appea</mark><br>A Florida Limited Liability Company) | rs on our records.)      | •                       |  |
| The Articles of Organization for this Limited I                                       | iability Company were filed on   | July 13, 2013            | and assigned            |  |
| Florida document numberL1300009   | 9131   |                          |                         |  |
| This amendment is submitted to amend the fol  | lowing:  |                          |                         |  |
| A. If amending name, enter the new name of  | of the limited liability company he  | <u>re</u> :              |                         |  |
| The new name must be distinguishable and end w "L.L.C."                               | ith the words "Limited Liability Comp  | any," the designation "L | LC" or the abbreviation |  |
| Enter new principal offices address, if appli   | cable:   |                          |                         |  |
| (Principal office address MUST BE A STRE  | ET ADDRESS)  |                          |                         |  |
|   |  |                          |                         |  |
| Enter new mailing address, if applicable:   |  |                          |                         |  |
| (Mailing address MAY BE A POST OFFICE   | BOX)   |                          |                         |  |
|   |  |                          |                         |  |
| B. If amending the registered agent and registered agent and/or the new registered of |  | our records, enter th    | ne name of the new      |  |
| Name of New Registered Agent:   | Virgil Pratt   |                          |                         |  |
| New Registered Office Address:  | 6768 NE 2nd Ave Apt 2  |                          | · <del></del>           |  |
|   | Enter Florida street address   |                          |                         |  |
|   | Miami  | , Florida                | 33138                   |  |
|   | City   |                          | Lip 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 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

MGR = Manager MGR = Manager 15 JAN -8 AM 7:54 MGRM = Managing Member **Title** Name **Address Type of Action** ☐ Add Remove Remove ☐ Add □ Remove Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Virgil Pratt

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00