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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co			2 1		
SUBJECT:	THE REAL	Now.			
	Name of Limit	led Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	645TON	ARRAYA600. Name of Person		_	
		Name of Person		-	
	VIBE CEA	L Now LL.C. Firm/Company			
		Firm/Company		•	
	600 SAE	BAL Polm Ro.		_	
				- R3	
	Misel; FL	<i>33137</i> .			
		City/State and Zip Code			Summaria.
	GASTONLA	1 Q LIVE Com . o be used for future annual report notificat		<u> </u>	i Fil
	E-mail address: (t	o be used for future annual report notificat	ion)		2 5 1 Erms:
For further information of	concerning this matter, please co	all:		STATE	مسور ه
64 STON De	RAYAGO	at (305) 742.73	67.	37 	
Name o	of Person	Area Code & Daytime To	elephone Numbe	r	
Enclosed 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)	Certified	ate of Status &	sed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

THE REAL	l Now L.L.C.	
	y Company as it now appears on o Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on $\frac{8}{2}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		5. B
(Principal office address MUST BE A STREET ADDI	RESS)	
		## 6
Enter new mailing address, if applicable:	-thef-result	
(Mailing address MAY BE A POST OFFICE BOX)		<u>ြည်နို့</u> ယူ 🔀
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, <u>enter the name of the ne</u> y
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		, Florida
	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 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:

Or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title Name Address Type of Action

MGR = Manager MGRM = Managing Member

Type of Action

MGR = Manager MGRM = Manager MGRM = Managing Member

Type of Action

MGR = Manager MGRM = Manager MGRM = Managing Member

Type of Action

Add

Type of Action

Remove

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9/4//3.	Signature of a member or authorized representative of a member
9/4//3.	Signature of a member or authorized representative of a member Acayaca Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00