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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
		
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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CORRETARY OF STATE

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COVER LETTER

TO: Registration Section of Corp.				
SUBJECT: Real	ESTAR Disc	ount Club	of America	しして
	, <u> </u>	Tompany		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	JEP	Name of Person	<u> </u>	
	ALR	Firm/Company		
	1083 N CC		4404	
	Marca Isl	City/State and Zip Code	34145	
	JEH (Q)	efficiencie	· Corn	
	E-man address. (to be used for fature annual re	cpon nonneation)	
For further information con	ncerning this matter, please ca	all:		
J47	TOPICK	at (<u>239</u>) <u>5</u>	<u> 150 - 3000</u>	- -
Name of		Area Code	Daytime Telephone Number	
Enclosed is a check for the	following amount:			
্র \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of	Status &

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

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 10-14-20/5 and assigned Florida document number L 13000144 737 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 "L.C." or the abbreviation "L.L.C." 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 . Florida 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

Page 1 of 3

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 = A	= Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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]f amen	ding any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)
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Note: 1	etive date, if other than the date of cive date is listed, the date must be spelf the date inserted in this block doent's effective date on the Department.	of filing: cific and cannot be prior to date of filing or more than 90 dees not meet the applicable statutory filing requirement of State's records.	ays after filing.) Pursuant to 605.0205 nts. this date will not be listed as
ne rec The	ord specifies a delayed effe 90th day after the record is	ctive date, but not an effective time, at 1: filed.	2:01 a.m. on the earlier o
Dated_	May 19	, 2016.	
-	2:12/1		
	Signat	ure of a member or authorized representative of a member	entre
	Jeff .	Project or printed name of stenee	The state of the s
		Typed or printed name of signee	AH P 2:
		Page 3 of 3	F ST
		Filing Fee: \$25.00	PATE S.