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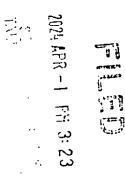
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COVER LETTER

TO: Registration So Division of Co				
NADEZHI	DA OLIVARES REALTOR LLO	C		
SUBJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	NADEZHDA OLIVARES			
		Name of Person		
	NADEZHDA OLIVARES	REALTOR LLC		
		Firm/Company	<u> </u>	
	9500 SW 174TH STREET	АРТ 346		
		Address		
	PALMETTO BAY FL 331:	57		
	FIOREMORENO@HOTM	City/State and Zip Code AIL.COM		
	E-mail address: (to be used for future annual report	notification)	
For further information	concerning this matter, please c	all:		
NADEZHDA OLIVARES		305 3034113		
Name (of Person	at () Area Code Da	sytime Telephone Number	
Enclosed is a check for t	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 Addre		Street Addres		
Registration Division of 0		Registratior Division of	Corporations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NADEZHDA OLIVARES REALTOR LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 63/24/2014	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
NADEZHDA OLIVARES LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	9500 SW 174TH STREET APT 346			
(Principal office address MUST BE A STREET ADDRESS)	PALMETTO BAY FL 33157	705		
		2004 APR		
Enter new mailing address, if applicable:	9500 SW 174TH STREET APT 346			
(Mailing address MAY BE A POST OFFICE BOX)	PALMETTO BAY FL 33157	7		
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		- 13		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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record specifies a delayed eff is filed.	ective date, but not a	ın effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day afte	er the
med <u>03/27</u>	Loca	rember or authorize	ed representative of a	member		
	-		Dlive 185			

Filing Fee: \$25.00