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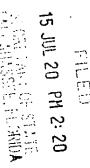
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J. HARRIS

COVER LETTER

| TO: Registration Division of | n Section Corporations | | • |
|------------------------------|---|---|---|
| SUBJECT: | Guen Tayle | e LC | |
| | Nam y of Lim | ited Liability Company | |
| The enclosed Articles | s of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corre | espondence concerning this matter | to the following: | |
| - 1188 | | Such Taylor Name of Person | |
| | Gwe | Taylor UC | |
| ": · | 1093 | ALA BEAGE BU | 10. #147 |
| · · · · · · · | ST. / | AUQUSTING FU City/State and Zip Code | 32080 |
| i | E-mail address: 11 | GWENTSYLD CO | cation) |
| For further information | on concerning this matter, please ca | ıll: | |
| | ne of Person | at (316) J23- Area Code Daytime | 3534 Telephone Number |
| ! | | | |
| Enclosed is a check for | or 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 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

TO ARTICLES OF ORGANIZATION OF

| GWEN TAVILOR | LC | | |
|---|--|--|--|
| (Name of the Limited Liability Compar (A Florida Limited I. | ny as it now appears on our records.) iability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number 41400056485 | were filed on $04/c7/2c/4$ and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | lity company here: | | |
| TRANSATE REAL ESTATE GROUP. The new name must be distinguishable and contain the words "Limited Liability". | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | (*) | | |
| w american to | | | |
| Enter new mailing address, if applicable: | 20 I | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| · · · · · · · · · · · · · · · · · · · | 20 | | |
| 3. If amending the registered agent and/or registered of | | | |
| registered agent and/or the new registered office address here | <u> </u> | | |
| Name of New Registered Agent: | And the second s | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Florida street address | | |
| New Registered Office Address. | Chart and spect trades | | |
| | Florida Zip Code | | |

Thereby 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

| Carrier Control of the State of the Control of the | <u> </u> |
|---|--|
| or removed from our records: MGR = Manager AMBR = Authorized Member | |
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Filing Fee: \$25.00