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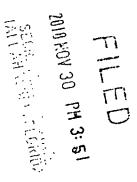
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COVER LETTER

SUBJECT:	Signature Pa	aradise Florida Properties, LL0	0	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Kristen King Jaiven, Esq.		
			Name of Person	
		Signature Paradise Florida	Properties, LLC	
			Firm/Company	
		901-C Clint Moore Road		
			Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		kristen@quadeompanies.co E-mail address: (m to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Krsiten Kin	g Jaiven, Esq		407 590-9686	
	Name of	Person	at () Area Code Daytime `	Telephone Number
Enclosed is	a check for th	e following amount:		
₩ \$25,00 F	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

TO:

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 C	ompany as it now appears	on our records.)	.
(<u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	·	
The Articles of Organization for this Limited Liability Com L14000135997 L14000135997	pany were filed on	08/28/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
Signature Real Estate Finder, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		-
		53	2017
Enter new mailing address, if applicable:			2011 HOV 30
Mailing address MAY BE A POST OFFICE BOX)	-	• 	<u> </u>
			$\frac{1}{\omega}$
			இத் சு
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	la street address	
		. Florida	
	City		Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

Cinemators Duranting Classicia Decreasition 1.1.C.

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Laurie Dubow	6699 N Federal Hwy, Suite 103	Add
		Boca Raton, FL 33487	■ Remove
			☐ Change
			Add
			☐ Remove
		 	☐ Change
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ective date, if other than the effective date is listed, the date must	date of filing:	or to date of filing or nu	(optional) re than 90 days after filing.) Pur	snant to 605 020
te: If the date inserted in this blo	ick does not meet the appli	icable statutory tiling	requirements, this date will	not be listed as
ument's effective date on the De	partment of State's record	S.		
record specifies a delayed	effective data, but a	ot an effective ti	me at 12:01 a.m. on	the earlier o
he 90th day after the reco		ocan enective ti	ine, ac iz.vi a.m. uit	are earlier 0
Marianahara 20	2010			
November 28	. 2018	·		
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Typed or printed name of signee

Filing Fee: \$25.00