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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TALEARACCEE, FL

COVER LETTER

| TO: Registration Division of C | | 4 € 4 € | | , | |
|-------------------------------------|--|---|-----------------|---|---|
| SIGNAT SUBJECT: | URE REAL ESTATE FINDER, | LLC | | | |
| 30bacc1 | Name of Lim | ited Liability Company | | | |
| | of Amendment and fee(s) are sub | _ | | | |
| | Kristen King Jaiven | | | | |
| | | Name of Person | | • | |
| | Kristen King Jaiven, Lawy | er. PLLC | | | |
| | | Firm/Company | | | |
| | 418 SW 11th Street | | | | |
| | | Address | | | |
| | Fort Lauderdale FL 33315 | | | 23 NO TALL | 0 |
| | kristen@kkjlawyer.com | City/State and Zip Code | | 2023 NOV - 1 PM 12: 57 SECK_TABY OF STATE TALLAHASSEE, FL | |
| | | to be used for future annual report notifica | tion) | PH 12: | |
| For further information | concerning this matter, please ca | all: | | 12: 5 STA | 4 |
| Kristen King Jaiven | | 407 590-9686 | | 57 TE | |
| Name | e of Person | at () | elephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| <u>Mailing Addi</u> Registration | | Street Address: Registration Section | on | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SIGNATURE REAL ESTATE FR | | | |
|--|---------------------|---|-----------------------------------|
| (Name of the Lim | (A Florida Limited | any as it now appears on our re Liability Company) | corus.) |
| The Articles of Organization for this Limited I | iability Company | were filed on 08/28/2014 | and assigned |
| Florida document numberL14000135997 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation | 'LLC" or the abbreviation "L.1C." |
| Enter new principal offices address, if appli | cable: | 8177 Glades Road | |
| (Principal office address MUST BE A STREET ADDRESS) | | Bay 6 | SESTINOV |
| | | Boca Raton, FL 33434 | 5 6 7 |
| Enter new mailing address, if applicable: | | 9080 Kimberly Boulevard | AHAS T |
| (Mailing address MAY BE A POST OFFICE BOX) | | Suite 12 | E S |
| | | Boca Raton, FL 33434 | T |
| B. If amending the registered agent and/or agent and/or the new registered office address. | 1,7 | address on our records, <u>er</u> | nter the name of the new register |
| Name of New Registered Agent: | Jack Jaiven | | |
| New Registered Office Address: | 9080 Kimberly | Boulevard; Suite 12 | |
| | | Enter Florida street aa | ldress |
| | Boca Raton | | , Florida ³³⁴³⁴ |
| | | 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 Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|-------------------------|------------------|
| MGR | Ben Schachter | 9080 Kimberly Boulevard | □Add |
| | | Suite 12 | Remove |
| | | Boca Raton, FL 33434 | ■ Change |
| MGR | Jack Jaiven | 9080 Kimberly Boulevard | □ Add |
| | | Suite 12 | ∏ Pomovo |
| | | Boca Raton, FL 33434 | SEC NOV |
| MGR | Matthew H Maschler | 8177 Glades Road | NOV DAM |
| | | Bay 6 | SSEE CORPOVE |
| | | Boca Raton, FL 33434 | FAT 57 Change |
| | | | □Add |
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| THASE TO THE TABLE | | | | | | | | |
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| Dated September 27 2023 Signature of a member or authorized representative of a member | | ecifies a delayed effective date, b | ut not an effecti | ve time, at 12:0 |) I a.m. on the earli | er of: (b) The | 90th day after | the |
| Signature of a member or authorized representative of a member | Dated | September 27 | | | | | | |
| Signature of a member or authorized representative of a member | | Khan | | | | | | |
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Filing Fee: \$25.00