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SECRETARY OF STATE

COVER LETTER

Division of Con	rporations				
SUBJECT:	LUXURY LISTINGS REA	L ESTATE COMPANY, L.L.C.			
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		JULIANA MONJARAZ			
	Name of Person				
GAITA & LISZT, P.L. Firm/Company					
	2701 BO	2701 BOCA RATON BLVD., STE. 107			
		Address			
	BOCA RATON, FL 33431			TATELET SECTION	
City/State and Zip Code				FED CANA	
		ANA@GLLAWCENTER.COM to be used for future annual report notifi	cation)	23 SS	
For further information of	concerning this matter, please ca	·	cuiton,	ASSEE FLORID B 23 AM 10: 41	
JULIANA@GL	LAWCENTER.COM	561 86	69-3703	主意品	
Name o	of Person		Telephone Number	- 10	
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is en	tus &	

MAILING ADDRESS:

TO:

Registration Section

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

		•	
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appear nited Liability Company)	s on our records.)	
· ·	pany were filed on	01/15/15	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	re:	
ESQUIRE REAL	ESTATE, L.L.C.		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
The Articles of Organization for this Limited Liability Company were filed on	SAME		
(Principal office address MUST BE A STREET ADDRES	<u></u>		
(Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable:			日言
Enter new mailing address, if applicable:		SAME	23 857
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
		our records, enter	the name of the new
TO THE TOTAL OF THE 11 THE TOTAL OF THE TOTA			
Name of New Registered Agent:		SAME	·
New Registered Office Address:		SAME	
	Enter Flor	ida 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 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Change
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JANUAR'	7, 1	2017	·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00