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	istration Sec ision of Corp			
SHRIFCT:		rt Real Estate, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Gloria M. Torres		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Quince Crest Real Estate, LLC Firm/Company 1438 W. Yale Street Address Orlando, FL 32804 City/State and Zip Code gmariatorres@hotmail.com E-mail address: (to be used for future annual report nor further information concerning this matter, please call: Ioria M. Torres at (.LC		
			Firm/Company	
1438 W. Yale Street				
			Address	
	Gloria M. Torres Name of Person			
			City/State and Zip Code	
		E-mail address: ()	io be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Gloria M. T	orres			
	Name of	Person	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 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

Quince Crest Real Estate, LLC							
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited L Florida document number <u>L15000093667</u>	iability Company	were filed on May 28,2015	and assigned				
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company here;					
N/A							
The new name most be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."				
Enter new principal offices address, if applicable:		N/A					
(Principal office address MUST BE A STRE	ET ADDRESS)	N/A					
		N/A					
Enter new mailing address, if applicable:		N/A					
(Mailing address MAY BE A POST OFFICE	Aailing address MAY BE A POST OFFICE BOX)						
		N/A					
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>'e</u> :					
		City	Ziv 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 **Title** Name <u>Address</u> Type of Action Gloria M. Torres MGR 1438 W. Yale St. Orlando, FL 3280 **■** Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change □ Add □ Remove Change Add Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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