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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

	gistration Sec vision of Corp			
CUDIECT.	Real Estate I	Professionals of Florida, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Ryan Cipparone		
			Name of Person	
		Cipparone & Cipparone, P.	.A.	
			Firm/Company	
		1525 International Parkway	y, Suite 1071	
			Address	
		Lake Mary, Florida 32746		
			City/State and Zip Code	
		RCipparone@CipparonePA		
			o be used for future annual report noti	neation)
For further i	nformation co	ncerning this matter, please ca	all:	
Ryan Cippa	rone		321 275-5914 at ()	
	Name of	Person		e Telephone Number
Enclosed is	a check for the	e following amount:		•
■ \$25.00 H	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

REAL ESTATE PROFESSIONALS OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000093954</u> .	pany were filed on May 28, 2015	mpany here: Dany," the designation "LLC" or the abbreviation "L.L.C." Dany, "the designation "L.L.C." Dany,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	s here:	TARY OF STATE
	Enter Florida street address	
	, Flor	rida
New Registered Agent's Signature, if changing Registered A		zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capacity. I furt plete performance of my duties, and t as provided for in Chapter 605, F.	l I am familiar with and S.S. Or, if this document is

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>	Address	Type of Action
MGR	JOSE PEREZ	1802 N. ALAFAYA TRAIL, SUIT	■ Add
			Remove
			Change
			□ Add
			Remove
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			□ Remove
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	JOSE PER	EZ								725	500	-	
				Ту	ped or prin	ted name of	f signee			, TO	س. س	m	
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Filing Fee: \$25.00