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J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: THE REAL ESTATE CENTER FL, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ramon S. CENDANA, REGISTERED AGENT Name of Person
THE REAL ESTATE CENTER FL, UC Firm/Company
274 WILSHIRE BLVD, Suite 224
CASSELBERRY, FL, 32707 City/State and Zip Code RAYSCENDANA @ GMAIL, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donabel Sonie at 407 925-5189 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

THE REAL ES	TATE CENTER	FL, UC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>is,</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on JUNE 10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>5</u>
		<u> </u>
		26 26
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2:
		32
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records <u>e</u> :	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	s
		orida
	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 **Title** Name <u>Address</u> **Type of Action** OCAMPO, PERLITA MGR 3901 WOODGLADE COVE _□ Add WINTER PARK, FL 32792 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change <u>∵</u> □ **G**hange □ Add □ Remove □ Change ☐ Add ☐ Remove

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Filing Fee: \$25.00