7.17.2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLORIDA TAX HOUSE

Account Number : I20190000015 Phone : (407)203-1054 Fax Number : (407)386-9170

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TELES & SAWYER REALTY LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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P.O. Box 6327 Tallahassec, FL 32314

COVER LETTER

| TO: | Registration Sco Division of Corp | | | | |
|--------|--------------------------------------|---|--|-----------------------|--|
| | TELES | & SAWYER REALT | Y LLC | | |
| SUBJ | ECT: | Name of Limit | ed Liability Company | | |
| The er | nclosed Articles of z | Amendment and fee(s) are subn | sitted for filing. | | |
| Please | return all correspon | ndence concerning this matter b | o the following: | | |
| | | ERICKA LOPES | | | |
| | | | Name of Person | | |
| | | INVESTORSING | | | |
| | | 7550 FUTURES DR SUIT | Firm Company E 306 | | |
| | | | Address | | |
| | | ORLANDO FL 32819 | | | |
| | | SUPPORT@FI.TAXHOUSI | City/State and Zip Code E.COM | | |
| | | E-mail address: (1 | o be used for future annual rep- | ort norification) | • |
| | CKA LOPES | oncerning this matter, please or | 352 459-1 | | |
| | Name o | f Person | at () Area Code | Daytime Telephone Num | bei |
| U a ob | and in a chart far t | he following amount: | | | |
| | 325.00 Fiting Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Cenif con Cenif | Filing Fee, icate of Status & ied Copy mai copy is enclosed) |
| | Regist Divisi P.O. E | ANG ADDRESS: ration Section on of Corporations Box 6327 msser, FL 32314 | Registration Division of Clitton Bui | Corporations | : |

Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TELES & SAWYER REALTY L | LC | |
|---|--|--------------------------|
| (Name of the Limited Liability ((A Florida Li | Company us it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L15000128280</u> | npany were filed on 07/28/2015 | and assigned |
| This amendment is submitted to amend the following: | , | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| INVESTORSING PRIME REALTY LLC | | <u> </u> |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" or t | he abbreviation "SC." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u>SS)</u> | |
| | | — SSS ₹ m |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | rn W |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | red office address on our records, <u>eress here</u> : | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | la. |
| | ., Florid | Zip Code |
| New Registered Agent's Signature, if changing Registered | | |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | nd agree to act in this capacity. I furthe mplete performance of my duties, and I em as provided for in Chapter 605, F.S | Or, if this document is |
| | If Changing Registered Agent, Signature of N | ew Registered Agent |

Page 1 of 3

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 |
|-------|-------------------|--|----------------|
| MGR | SAWYER, BRIANNA J | 7524 SEURAT ST # 404 ORLANDO FL 32819 | □ Add |
| | · · | | ■ Remove |
| | | | Change |
| MGR | WARDLE, KEVIN | 512 DR PHILLIPS BLVD #50-320 ORLANDO FL 32819 | ■ Add |
| | | | ☐ Reneove |
| | | | ☐ Change |
| , tu | | | |
| | | | Kemove T |
| | | | ASSSEE O |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
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| | | | ☐ Remove |
| | | | ☐ Change |
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| | | | ☐ Remove |
| | | | ☐ Change |

Page 2 of 3

| MAINTAIN THE DBA NA | AME: INVESTORSING (REGISTRATION# G1500008 | 3645) |
|--|--|--|
| REMOVE BRIANNA J SA | WYER AS A MANAGER | ,A144+ |
| ADD KEVIN WARDLE A | S A MANAGER | |
| KEEP ERICKA LOPES AS | S A MANAGER | |
| KEEP LEANDRO CEZAR | RETELES AS A MANAGER | |
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| may have be a system or define space to step at indicated spirite any according to the second section to the | the which has the control of the con | |
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| fective date, if other than th | he date of filing: | (optional) |
| nte: If the date inserted in this | nust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requi | rements, this date will not be listed: |
| scument's effective date on the | Department of State's records. | |
| | and the second of the second o | at 12:01 a.m. on the earlier |
| record specifies a delay The 90th day after the re | ed effective date, but not an effective time, a ecord is filed. | at 12,01 ann on the come. |
| The 90th day after the re | ed effective date, but not an effective time, a ecord is filed. 2020 | |
| The 90th day after the re | ecord is filed. | |
| The 90th day after the re | ecord is filed. | |

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