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Tallahassee, FL 32314

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SUBJE	CT:	Ly_	REAL	ESTAT Name of Li	E & INVESTMENT, L mited Liability Company	LC.
					ibmitted for filing.	
riease re	eturn am co	rrespone	ience concern	ing this matte	er to the following.	
				<u> Lî</u>	ROGO- Name of Person	
			Ly	REAL	Estate & INUPSTA	ient, LC.
			540	NW	72 nd Ave, Miani, F	C. 33166
			<u>M.</u>	mj !	Florida 33166 City/State and Zip Code	
			Le	e rosco	- 6 gmp i L - am (to be used for future annual report notification	
For furth	ner informa	ition con	t cerning this n			n)
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Enclosed	d is a check	c for the	following am	ount:		
X \$25.	.00 Filing i	îce	□ \$30,00 Fi Certifica	ling Fee & ate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A Registra Division	tion Se	ction porations		Street Address: Registration Section Division of Corpora	
	P.O. Box		-		The Centre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ly Real Estate & INVE	estment, LLC	
Ly REAL ESTATE & INVENTED LIMITED LIMI	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{\dot{L}1500012995}{}$.	vere tiled on <u>07-29-</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability $E \& I E X PERTS LLC$. The new name must be distinguishable and contain the words "Limited Liability".	-	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5401 NW 72md Moni FL 3	Aue
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		77 B 1
New Registered Office Address:	Enter Florida street address , Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		> 10

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 Amending Authorized Person(s) authorized to neanage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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	Signature of a	سلمنزر member or at	athorized represe	entative of a member		

Filing Fee: \$25.00