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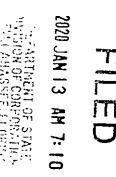
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correspon	dence concerning this matter	to the following:			
	Krzysztof Bryniuk				
		Name of Person			
	Accounting Services				
		Firm/Company	· · ·		
5001 McKinley St					
		Address			
	Hollywood, FL, 33021				
		City/State and Zip Code			
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Name of I	Person	Area Code I.	Daytime Telephone Number		
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g Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate (1) Certified C	of Status &	
	ami Prope ticles of A correspon mation cor uk Name of I	ticles of Amendment and fee(s) are sub- correspondence concerning this matter Krzysztof Bryniuk Accounting Services 5001 McKinley St Hollywood, FL, 33021 kbryniuk@yahoo.com E-mail address: (mation concerning this matter, please cauk Name of Person eck for the following amount: g Fee \$30.00 Filing Fee &	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Krzysztof Bryniuk Name of Person Accounting Services Firm/Company 5001 McKinley St Address Hollywood, FL. 33021 City/State and Zip Code kbryniuk@yahoo.com E-mail address: (to be used for future annual report at (2000) matter annual report at (2000) Name of Person Area Code Feek for the following amount: g Fee S30.00 Filing Fee & Certified Copy	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Krzysztof Bryniuk Name of Person Accounting Services Firm/Company 5001 McKinley St Address Hollywood, FL, 33021 City/State and Zip Code kbryniuk@yahoo.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: uk Name of Person at (786) Name of Person Daytime Telephone Number eck for the following amount: g Fee \$\Bigsis \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	

Mailing Address:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2020 JAN 13 AM 7: 10
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PARTYLENT OF STATE
PARTY

Miami Property Expert LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 08/26/2015	and assigned
Florida document number L15000146610	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Rodney Mendes Team LLC		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, Enter Florida street	address
	City	, Florida 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 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
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
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Signature of a member or authorized representative of a member

Dodney Mander