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SECRETARY OF STAFF

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COVER LETTER

	gistration Sec ision of Corp			
		NT REALTY PARTNERS, I	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of /	Amendment and fee(s) are sub	mitted for filing	
Please return	all correspor	ndence concerning this matter	to the following:	
		ROBERT A. KAPLUS		
			Name of Person	
			Firm/Company	
		8842 ELLIOTTS CT.		
		•	Address	
		ORLANDO, FL 32836		
			City/State and Zip Code	
		LAUREN@DEVELOPME	NTEP.COM to be used for future annual report no	attlication)
For further in	nformation co	oncerning this matter, please ca	•	
ROBERT A	KAPLUS		407 351-4299 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filmg 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOITAPR 17 PM 3: 34

JALLAHASSEE, FLORIDA

INVESTMENT REALTY PARTNERS, 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	Company were filed on 01/29/2016	and assigned
Florida document number L16000020484	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>. </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fiorida Moes daaress	
	, Flori	da
No. Davidson Assault Company of the control Davidson	c my	z.p Coae

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: FILED MGR = Manager 2017 APR 17 PM 3: 34 AMBR = Authorized Member Address Type of Action <u>Title</u> <u>Name</u> MGR LAUREN KAPLUS □ Add ■ Remove _□ Change MGR ARTHUR S. SUSSER 8842 ELLIOTTS CT. ■ Add ORLANDO, FL 32836 ☐ Remove ☐ Change □ Add _□ Remove _□ Change _____ □ Add _____ Remove __ Change □ Add ☐ Change □ Add □ Remove

□ Change

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