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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
TO: Registration Section Division of Corporations		
SUBJECT: Direct MLS Listings LLC Name of Limited Liability Company		
Registration Section Division of Corporations DICCY Name of Limited Liability Company Name of Limited Liability Company Name of Limited Liability Company Name of Person Address City/State and Zip Code Supplied Logical Code Only Supplied Logical Code Certificate of Status Supplied Logical Code Certificate of Status Supplied Logical Code Certificate of Status Supplied Logical Code Name of Person Name of Limited Liability Company Name of Person Name of Person Name of Person Address: Registration Section Name of Limited Liability Company Name of Person Name of P		
Please return all correspondence concerning this matter to the following:		
Registration Section Division of Corporations ECT: Mause of Limited Liability Company Name of Limited Liability Company Section Articles of Amendment and Sec(s) are submitted for filing. Terturn all correspondence concerning this matter to the following: Community Name of Person Address October Industry Chysitate and Zip Code Grysitate and Zip Code Grysitate and Zip Code October Industry Chysitate and Zip Code October Industry Area Code Daytime Telephone Number Name of Person Name of Person Area Code Daytime Telephone Number Scot is a check for the following amount: 18.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations		
Name of Person Name of Person Nick MLS (isling)		
221 E. Commercial Blud		
V		
City/State and Zip Code 910110		
For further information concerning this matter, please call:		
Ciounnii Mi (osina at (954) 126-5580 Name of Person at (954) Daytime Telephone Number		
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy		
Registration Section Registration Section		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF (Name of the Limited Liability Company as it now appears on our The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L|6/1900</u> 223 7.2 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	Name A	Address	Type of Action
<u>men</u>	Henry Aleman		□Add
	,		Kemove
			[Change
MGR	Giorn Millolla	1902 AJemi St Holly Nood, FL 330.	<u>X</u> X44
		Holly Nood, FL 330.	2 ^O □Remove
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	Signature of a member or authorized representative of a member	
	GIOVANTI NICOSIA	
	Typed or printed name of signee	

Filing Fee: \$25.00