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COVER LETTER

Division of Corpo		
RLTY FL, LI SUBJECT:	LC	
SOURCET.	Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Marlene Morejon	
	Name of Person	
	RLTY FL, LLC	
	Firm/Company	
	1680 Michigan Ave Ste. 740	
	Address	
	Miami Beach, FL 33139	
	marlene more on City/State and Zip Code marlenemore imarlenemore of the Com	
	E-mail address: (to be used for future annual report r	iotification)
For further information con	scerning this matter, please call:	
Michael Wolf	248 8824030 at ()	
Name of P		time Telephone Number
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing 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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))	
he Articles of Organization for this Limited Liability Company	were filed on 03/08/2016	and assigned	
lorida document number L16000048308			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	1680 Michigan Ave Ste. 740		
Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	-	
Inter new mailing address, if applicable:	1680 Michigan Ave Ste. 740		
Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139		
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	·	enter the name of th	
	·	enter the name of th	
egistered agent and/or the new registered office address her	<u>'e</u> :	enter the name of th	
Name of New Registered Agent:	Enter Florida street address	enter the name of the	

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marlene Morejon	5449 NW 184 St.	Add
		Miami, FL 33055	□ Remove
			Add
			□ Remove
			Change
			□ Add
			Remove
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Filing Fee: \$25.00