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## **COVER LETTER**

Division of C			
RealtyFir	re Rentals 2, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Caroline Yeakel		
		Name of Person	<del></del>
	RealtyFire Investments, L	LC	
		Firm/Company	····
	1000 NW 65th Street - Su	ite 100	
		Address	
	Fort Lauderdale, FL 33309	)	
		City/State and Zip Code	
	caroline@realtyfire.com		
	E-mail address; (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Caroline Yeakel		954 905-2828 at ()	
Name	of Person	Area Code Daytime	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

#### REALTYFIRE RENTALS 2. LLC

our records.)
and assigned
nation "LLC" or the abbreviation "L.L.C."
<u> </u>
S
X 2 5
ir records, enter the name of the
5 -
28
street address
, 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Elizabeth Benton	1000 NW 65th Street - Suite 100	□ Add
		Fort Lauderdale, FL 33309	Remove
			☐ Change
MGR	Christopher M. Cormier	1000 NW 65th Street - Suite 100	■ Add
		Fort Lauderdale, FL 33309	□ Remove
			□ Change
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ective date, if other than the da	ie oi illino:	/06/2016			(option	al)		
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot does not meet the	ot be prior to d he applicabl	date of filing o e statutory fi	r more than 90 da ling requireme	ays after fil nts this d	ing.) Pur ate will	suant to	605.02 listed :
ument's effective date on the Depa	rtment of State's	records.	e statutory it	ing requireme	ins, tills u	ate will	not be	iisteu i
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Filing Fee: \$25.00