L17000002403

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

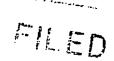
Division of Cor	porations		
SUBJECT:	The Cravin Gra Name of Lim	up Real Estate, L ited Liability Company	LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DWAY	Name of Person	
	The Gaxi	GROUP REF	+ CEState, LLC.
	1334 Vickers	Address Ste. B	,
		City/State and Zip Code 10 4460.Com to be used for future annual report noti	
For further information co	oncerning this matter, please ca		ireacony
Dwayne o	Person	at (<u>850)</u> <u>536</u> Area Code Daytim	- 0804 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



THE GAVIN GROUP REAL Estate, LIC. 2023 OCT 10 PM 4:03	•
(Name of the Eimited Liability Company as it now appears on our records.).	ŗ
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on January 5, 2017 and ass	signed
Florida document number L 1700002463.	
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	v revistered
agent and/or the new registered office address here:	- гедізгеген
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zip Code Nam Danistand Apart's Signature if Aparting Danist and Apart	
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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit	h and ment is
company has been notified in writing of this change.	<i></i>

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>	Address	Type of Action
MGR	NOREI Corp.	1334 Vickers Rd. Tullahus	# 32303 Ste. 1
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Note: If th	e date inserted	than the date of e date must be spec- in this block doc on the Departme	es not meet	the applicabl	date of filing or r e statutory filin	nore than 90 day ng requirement	optional) safter filing.) Pur s, this date will	suant to 605.0207 (not be listed as t
he record spo ord is filed.	rcifies a delayed	d effective date,	but not an e	ffective time	, at 12:01 a.m.	on the earlier	of: (b) The 90	th day after the
	0.10.	2073	· _		v			
Dated								
Dated		Signatu	re of a memi	per or authoriz	ed representative	of a member	>	

Filing Fee: \$25.00