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COVER LETTER

TO:	Registration of	on Section Corporations		
etib (1		ood Realty, LLC		
SUBJI	2C1:	Name of Lir	nited Liability Company	
The en	closed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corr	espondence concerning this matte	r to the following:	
		Ruben E. Socarras, Esq.		
			Name of Person	
		Marshall Socarras Grant	P.I	
			Firm/Company	
		197 South Federal Highw	ray. Suite 200	
			Address	
		Boca Raton, FL 33432		
			City/State and Zip Code	
		efile@msglaw.com		 :
For fur	ther informati	on concerning this matter, please of	(to be used for future annual report notical):	fication)
Ruben	E. Socarras,	·	at ()	
	Na	me of Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check:	for the following amount:		
■ \$ 2:	5.00 Filing Fe	e S30.00 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

Redwood Realty, 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 and assigned Florida document number _L17000008943 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" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 197 South Federal Highway, Suite 200 Enter new mailing address, if applicable: Boca Raton, FL 33432 (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: Marshall Socarras Grant P.L. Name of New Registered Agent: 197 South Federal Highway, Suite 200 New Registered Office Address: Enter Florida street address , Florida 33432
Zip Code Boca Raton City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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ective date, if other than the effective date is listed, the date in	ne date of filing: nust be specific and cannot	be prior to date of t	filing or more than 9	(optional) 0 days after filing.'	Pursuant to 605,020
te: If the date inserted in this	block does not meet the	applicable statu	tory filing require	ments, this date	will not be listed a
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	Adam Oil: Des. (c. 291)				

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Typed or printed name of signee

Filing Fee: \$25.00