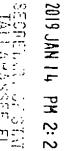
(Requestor's Name)	ļ
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	İ

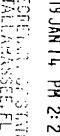




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COVER LETTER

Division of Co	orporations		
	' REAL ESTATE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIBEL MENDEZ CRI	UZ	
	REALITY REAL ESTATE	Name of Person E, LLC	
		Firm/Company	
	4850 MARSTON LANE	t in been july	
		Address	
	LAKE WORTH, FL 3346	7	
	cruzmaribel12@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
MARIBEL MENDEZ	CRUZ	561 951-1467	
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)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION LED **OF** 2019 JAN 14 PM 2: 27

REALITY REAL ESTATE, LLC	sgore	John DISTATE	
(Name of the Limited Liabili (A Florida	SECRE ity Company as it now appears on b a Limited Liability Company)	ur.records.) E., F.	
The Articles of Organization for this Limited Liability Colorida document number L17000009496	Company were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
REALITY GROUP OF FLORIDA, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	
Enter new mailing address, if applicable:			

(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our dress here:	records, enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registers	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my c igent as provided for in Chap ed office address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is	
	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
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			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
		<u> </u>	Remove
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f an cffi <u>Note:</u>	ective date is liste If the date inser	er than the dat d, the date must be serted in this block of date on the Depart	specific and car does not mee	nnot be prior to d t the applicable	late of filing or n e statutory filin	ore than 90 days g requirements	after filing.) Pursu	ant to 605.0207 of be listed as
ie rec The	ord specifies 90th day aft	s a delayed ef ter the record	fective dat is filed.	e, but not a	n effective t	ime, at 12:0	01 a.m. on th	e earlier of
Dated	11/5	anvary		2019				
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		Sign	nature of a mer	nber or authorize	ed representative	of a member	7	

Page 3 of 3

Filing Fee: \$25.00