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(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Co	ection porations			
SUBJECT: Day	niels Real Es	state Group L	<u> </u>	
	Amendment and fee(s) are subnondence concerning this matter to	<u>-</u>		
	Laura S	Spalding Name of Person		
	Daniels	Real EState Firm/Company	Group LLC	
	390 T	equesta Driv	e SuiteL	
	Tequesta	City/State and Zip Code	o 9	SEORE 17 FI
	E-mail address: (to	daniels holding be used for future annual report no	SLLC, Comidication)	RETARY T
For further information of	oncerning this matter, please cal	11:		PH STEEL
Robin	Daniels	at (717) 880 Area Code Daytin	D - 5 [19] ne Telephone Number	PH 3: 19
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of State	ıs &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daniels	Real E	State Gr	DUP LLC	
(<u>Name of the Limi</u>	(A Florida Limite	npany as it now appears ed Liability Company)	on ourrecords.)	
The Articles of Organization for this Limited L	iability Compa	ny were filed on	123/2017	and assigned
Florida document number L 00000 §	75			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited li	ability company her	<u>e</u> :	
n\a				
The new name must be distinguishable and contain the	words "Limited Lin	ability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	n\a_			
<u>(Principal office address MUST BE A STREI</u>	E <u>T ADDRESS)</u>			
				→ PES
Enter new mailing address if applicables		.010		FEB PER
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		nla		6 88
				7 70
				9
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	nla			
New Registered Office Address:				
		Enter Florid	a street address	
			, Florida	
		City		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 Title Name **Address Type of Action** Cartene McGlone 3411 Intet Court
Teguesta, FL 33469 _□ Remove _□ Change ☐ Remove _□ Change □ Change ☐ Add. ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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<u>ote:</u> If th	he date inserted	than the date of the date must be spe in this block do on the Departm	es not meet t	the applicable	ate of filing or set statutory fili	nore than 90 dang requireme	_ (optional) ays after filing.) nts, this date v	Pursuant to 605. vill not be liste	0207 (I d as tl
record The 90	d specifies a th day after	delayed effective the record is	ctive date, filed.	, but not a	n effective	time, at 1	2:01 a.m. c	n the earlie	r of:
ted	ebruan	ه له	,	2017					
		Mobile	ure of a memb	er or authorize	ed representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00