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## COVER LETTER

	istration Se ision of Cor				
	Hoge Real	Tours, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Anicles of	Amendment and (cc(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		G.F. Hoge	ĺ		
			Name of Person		
		Hoge ReafTours, LLC			
<del></del> -			Firm/Company	<u>.                                      </u>	
		11949 SW Aventino Dr			
		-	Address		
		Port St Lucie, FL 34987			
		27. 0	City/State and Zip Co	ode	
		geof@ geofhoge.com E-mail address: (	to be used for flature ann	ual report notifi	ication)
For further in	iformation c	oncerning this matter, please co		'	
G.F. Hoge			772	216-7005	
	Name o	f Person	at () Area Code	Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing for Certified Copy (additional copy is	•	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, F1, 32314		Regis Divis Clifto 2661	BET/COURT fration Section ion of Corpora in Building Executive Cer hassee, FL 323	itions iter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 24 PM 3: 17
SECRETARY OF STATE
ALLAHASSEF, FLORE

Hoge RealTours, 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 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3D 360 Homes, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L1.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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to dct 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

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

	g Authorized Person(s) authorized to ma I from our records:	nage, <u>enter tl</u>	title, name, and address of each	ch person being added
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MGR = M $AMBR = A$	Janager Authorized Member		2017 1111 21 21	
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	Signature of a r	nember or authorized	representative of a member	
G.F. Hoge	,			
		Typed or printed name	e of Signee	<del></del>
		,		
		Page 3 of		

Filing Fee: \$25.00

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