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Special Instructions to	Citing Officer	
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Office Use Only

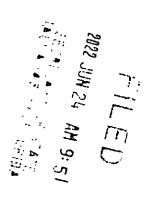


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## COVER LETTER

TO: Registration Section • • • • • • • • • • • • • • • • • • •
SUBJECT: <u>Real-Hor Clears UP Lte</u> Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashleigh Wilson Name of Person
Ashleigh Wilson Enterprises Lic
850 Uith St NW Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASSINGER WAY (750) at (750) 597-9908  Name of Person  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREGILO CIEGO UP	icc		•
(Name of the Limited Liability Comp (A Florida Limited	pany as it <u>now appears on</u> I Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u></u>	1912017	and assigned
Florida document number <u>L17000155108</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
ASNICIAN WILSON ENTERPRISE The new name must be distinguishable and contain the words "Limited Liai	SLLC_		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			14.1 202
			之 2 7
Enter new mailing address, if applicable:			· + · · ·
(Mailing address MAY BE A POST OFFICE BOX)			AH
		<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, enter the name	e of the new register
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>		

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□ Remove
			☐ Change
			🗆 Add
		Remove	
			□Change
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			Change
			☐Remove
			Change

Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th coord is filed.  Dated	
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Dated June 34 . 2023.	nt to 605.0207 , be listed as
Dated June 24 . 2022.	lay after the
Signature of a member or authorized representative of a member	
HSNEGO WILLON Typed or printed name of signee	

Filing Fee: \$25.00