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COVER LETTER

	istration Sec ision of Corp			
SUBJECT		REAL ESTATE TEAM LLC		
SCHJECT.		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	smendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	dence concerning this matter t	o the following:	
		DANA N MULL PITTMA	N	
			Name of Person	_
		DANA PITTMAN LLC		
			Firm/Company	
		3216 DEER CREEK DR		
			Address	
		MIDDLEBURG FL 32068	-1724	
			City/State and Zip Code	
		dpittman@riveroakrealty.ne	t o be used for future annual report notifie	
			·	cation)
For further in	itormation co	ncerning this matter, please ca	III:	
DANA PIT	ΓMAN		904 910-9422	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)

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

PITTMAN REAL ESTATE TEAM			
(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited L Florida document number L17000184880	Liability Company	were filed on 08/29/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	pility company here:	
DANA PITTMAN LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	NOT APPLICABLE	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>re</u> :	enter the name of the new
Name of New Registered Agent:	NOT APPLIC	ABLE	<u> </u>
New Registered Office Address:	NOT APPLIC		
		T)	
		, Flo	rida 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.

NOT APPLICABLE
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

MGR = Manager NC AMBR = Authorized Member		CHANGES	
<u>Title</u>	<u>Name</u>	<u>Addręss</u>	Type of Action
			□ Add
		·	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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(If an eff <u>Note:</u>	ive date, if other than the fective date is listed, the date must. If the date inserted in this blochent's effective date on the De	be specific and ca ck does not med	annot be prior to e		more than 90 day			o 605.02	
f the red b) The	cord specifies a delayed 90th day after the reco	effective dat ord is filed.	te, but not a	n effective	time, at 12	:01 a.m. c	on the e	arlier	of:
Dated	SEPTEMBER 1		2017						
	() (A	O: House	~						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00