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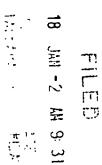
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The	Real Estate Cl Name of Lim	hamps, LL C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jene	a Perez	
		Seria Perez Name of Person Firm/Company Forest Creck Dr Address Jacksonville, Fl. 32225 City/State and Zip Code Jenaperez & Kw. com mail address: (to be used for future annual report notification) Itter, please call: at (404) 468-4030 Area Code Daytime Telephone Number Int: ag Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
		Firm/Company	
	1618 Forest	Creck Dr	
		Address	
	Jacks	on ville, FL 32225	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please co	all:	
Jena Pe	rez	at (404) 468-	4030
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

(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 November 25, 201 Florida document number L1700243562 This amendment is submitted to amend the following:	
Florida document number L17000243562	
	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abl	breviation "L.L.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)	<u> </u>
	ين ۱۳۰۰۰
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	77. (2.1)
New Registered Agent's Signature, if changing Registered Agent:	Zip Code

If Changing Registered Agent, Signature of New 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 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
MGR	Michael Perez	1618 Forest Creek Dr	
		Jacksonville, FL 32025	□ Remove
			Change
	- "-		Add
			C Remove
			Change
			☐ Remove
			Change
			D Add
			Remove
			Change
			□ Remove
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ated Decem	ober 27	· -	2017	·					
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Filing Fee: \$25.00