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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	eal Money Pr	by Pe (Ties LLC ited Liability Company	<u>- </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Loss		<u>.</u>
	Real Mone	Name of Person 4 Properties Ll Firm/Company	<u>_C</u>
	3335 Brid	Le Path Lane	
	Weston	FL 33331	
	TM landd e	City/State and Zip Code VEO Ment Gamai to be used for future annual report notif	(0vo
For further information c	concerning this matter, please ca	all:	
Rosspo	avdo	ar (954) 330 -	1606
Name o	i Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: 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

(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 Dec 1, 2017 and assigned Florida document number 1,7000 25.77.36. 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 abbreviation "LLC." 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:	
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	- -
	<u>ered</u>
Name of New Registered Agent: New Registered Office Address: Compared to the content of the	- -

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 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	Scott Pravda	3335 Bridle Path Lune Weston, FL 33331	XAdd
		Weston, +L 37771	□Remove
			□ Change
			□Add
			□Remove
			□Change
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8/9/2624	(ontional)
ective date, if other than the date of filing:	or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	itting requirements, this date will not be listed at
cord specifies a delayed effective date, but not an effective time, at 12:01 a. s filed.	.m. on the earlier of: (b) The 90th day after the
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