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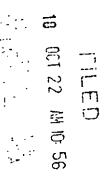
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COVER LETTER

ΓΟ: Registration Section Division of Corpo			~*
SUBJECT:	<u> </u>	eqity LLC ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Frantz	YOUANCE Name of Person	
		Firm/Company	
	4104 010	Winter Garden	, RO
	<u>orlando</u> f	City/State and Zip Code Ce 20 4400. Code to be used for future/annual report notific	·
	E-mail address: (ce 20 yahoo. Co	ation)
For further information con	cerning this matter, please ca		
Frantz y	SUCINCE	at (407) 6/6 -	/385 Telephone Number
Enclosed is a check for the			
\$25.00 Filing 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

Irackone.	Reality CC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 12/26/17	ility Company were filed on 12 26 17 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	
	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our records, enter the name of the new
Address to the Registeres regent.	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City 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.

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	<u> </u>		
			Remove
			Change
			
		<u> </u>	=====================================
			C Change
			Chiange PAdd Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change

ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing require	18 (CT 22 M) 10: 56
effective date is listed, the date must be specific and cannot be prior to date of filing or more than	CT 2P M 10: 5
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iment's effective date on the Department of State's records.	(optional) O days after filing.) Pursuant to 605.020 ements, this date will not be fisted a
record specifies a delayed effective date, but not an effective time, an effective time, and some some some some some some some some	t 12:01 a.m. on the earlier o
a Oct 18th . 2018	
Signature of a member or authorized representative of a mer	

Page 3 of 3

Filing Fee: \$25.00