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COVER LETTER

TO: Registration S Division of Co		•	
RHOSE IS	SLAND REAL ESTATE LLC		
SOBULCI.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BRANDON C SELLARI		
		Name of Person	
	DIVINE BLALOCK MAI	RTIN SELLARI LLC	
	 	Firm/Company	
	580 VILLAGE BLVD., S	JITE 110	
		Address	
	WEST PALM BEACH, F	LORIDA 33409	
		City/State and Zip Code	
	CSELLARI@DBMSCPA.G		
	E-mail address: (to be used for future annual report notif	ication)
For further information (concerning this matter, please c	all:	
BRANDON SELLARI		561 686-1110 at()	
Name (of 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS:	STDEET/COUDB	ED AMMDESS.

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

RHOSE ISLAND REAL ESTATE LLC (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 $\frac{02/01/2018}{2}$ and assigned Florida document number L18000029279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RHODE ISLAND REAL ESTATE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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e record specifies a delay The 90th day after the r			ot an effecti	ve time, at 12	2:01 a.m.	on the ear	rlier o
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BUN	Signature of	f a member or auth	orized represent	ative of a member			

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Filing Fee: \$25.00