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# **COVER LETTER**

TO: Registration Division of C							
	YONE ALLIANCE , LLC						
SUBJECT:	Name of Lim	ited Liability Company	<del></del>				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	spondence concerning this matter	to the following:					
	CHARLES L STARR						
	<del> </del>	Name of Person	<del></del>				
	REALTYONE ALLIANCE, LLC						
		Firm/Company					
	1626 RINGLING BLVD,	STE 500					
		Address					
	SARASOTA, FL 34236						
		City/State and Zip Code					
	LSTARR@RIA.COM						
	E-mail address: (	to be used for future annual report notifi	cation)				
For further information	n concerning this matter, please ca	all:					
KAROLINA WIECZ	OREK	941 487-1228 at ()					
Nam	e of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for	r the 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)				

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

REALTYONE ALLIANCE, 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  $\frac{2/12/18}{2}$ and assigned Florida document number \_ L18000039263 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 "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) 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 , Florida

### 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Charles Starr	1626 Ringling Blvd, Ste 500	
		Sarasota, FL 34236	■ Remove
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ffective date, if other the an effective date is listed, the d	an the date of filing:	ot be prior to date of filin	g or more than 90 days af	<b>tional)</b> ter filing.) Pursuant to	605.020
lote: If the date inserted in ocument's effective date or	this block does not meet the	ne applicable statutor	y filing requirements, t	his date will not be	listed as
e record specifies a de The 90th day after th		but not an effect	tive time, at 12:01	l a.m. on the ea	arlier o
March 8	20	18 ·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00