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ĭo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055 : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Customer P. 9h KCOro. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MC ORLANDO REALTY LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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COVER LETTER

| | O: Registration Section Division of Corporations | | | | | |
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| SUBJEC | MC ORLA | NDO REALTY LLC | | | | |
| SOBJEC | | Name of Lin | nited Liability Company | | | |
| The encio | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please ret | um all correspo | ondence concerning this matter | to the following: | | | |
| | | STEPHANIE CASTRO | | | | |
| | | | Name of Person | | | |
| | | ACCOUNT BOOKKEEP | ING CORP | | | |
| | Firm/Company | | | | | |
| | 5301 CONROY RD, STE 140 | | | | | |
| Address | | | | | | |
| ORLANDO, FL 32811 | | | | | | |
| City/State and Zip Code | | | | | | |
| | | CUSTOMER@ABKCORP | COM (to be used for future annual report notification) | | | |
| For furthe | er information c | oncerning this matter, please c | | | | |
| STEPHA | nie Castro | | 407 898-1757 at () | | | |
| | Name o | f Person | Area Code Daytime Telephone Number | | | |
| Enclosed | is a check for t | he following amount: | | | | |
| ≣ \$25.0 | 0 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
|]]] | Mailing Address Registration S Division of C P.O. Box 632 Fallahassee, I | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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If Changing Registered Agent, Signature of New Registered Agent

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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 |
|--------------|--------------------------------|-------------------------|----------------|
| AMBR | Clemenceau Merheb Calixto | 13104 BOULDER WOODS CIR | 🖸 Add |
| | | ORLANDO, FL 32824 | □Remove |
| | | | = Change |
| MGR | Abraham L. Merheb Calixto | 13104 BOULDER WOODS CIR | □Add |
| | | ORLANDO, FL 32824 | ≣Remove |
| | | | |
| AMBR | Denise S Ferreira Dias Calixto | ORLANDO, FL 32824 | ≅Add |
| | | ORLANDO, FL 32824 | □Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records. | 15.0207 (3)(b) ttcd as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftercord is filed. | er the |
| Dated SEPTEMBER 20 2021 | |
| Signature of a member or authorized representative of a member | |
| CLEMENCEAU MERHEB CALIXTO | |

Typed or printed name of signee