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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Advisor Ho	me Realty ited Liability Company	Lle_
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Maria</u>	Silvo Name of Person	
	Mison	Home Realty	LIC.
	2601 VII	lage Blud suite	2:201
	Silvar E-mail address: (1	Palm Blach City/State and Zip Code TO Low John to be used for future annual report note	EL 33409 BO: 00M fication)
For further information co	oncerning this matter, please or	all:	
Marie of Name of	Person	at (<u>564</u>) <u>85 k</u> Area Code Daytimo	6 40 80 Telephone Number
Enclosed is a check for th	e 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

(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 Florida document number 4 18000 11	ty Company wei 882 Y	re filed on <u>Hay</u> f	4, 2018 and ass	signed
This amendment is submitted to amend the following	• •			
A. If amending name, enter the new name of the	limited liability	company here:		
N	IA			
The new name must be distinguishable and contain the words	Limited Liability C	ompany," the designation "L	.LC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:			20	<u> </u>
(Principal office address MUST BE A STREET AI	_	NIA	F ()	
	_	1.0	#7:1 	
Enter new mailing address, if applicable:	_	MIM	<u>n</u>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX			<u> </u>	-
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:		address on our reco VIA LI LAGI BIVA EnterFlorida street add	suite 901	of the new
	UST Pol		Florida <u>3340</u> Zip Code	2

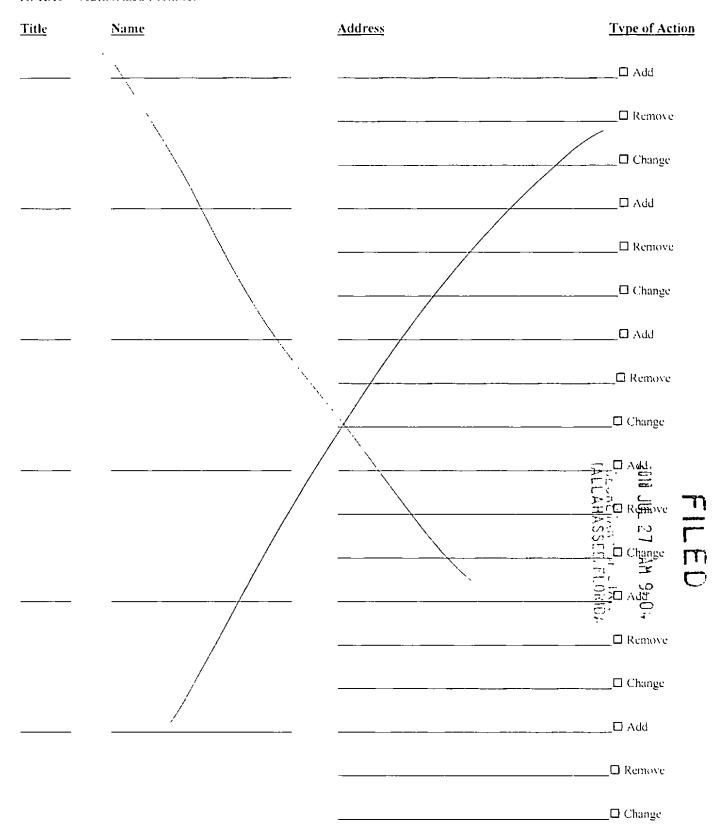
New Registered Agent's Signature, if changing Registered Agent:

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



Page 3 of 3

Filing Fee: \$25.00