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SECRETARY OF STATE DIVISION OF CORPORATION

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CÓVER LETTER

то:		tration Sec on of Corp			
eun i		NCOMPA	SS REALTY GROUP, LLC		
Subj	ECT: _	· · · ·	Name of Lim	ited Liability Company	_
The ci	nclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return al	l correspon	dence concerning this matter	to the following:	
			KELLER RODRIGUES		
				Name of Person	
			ENCOMPASS REALTY	GROUP, LLC	
				Firm/Company	
			2450 HOLLYWOOD BLV	VD - STE 401	
				Address	
			HOLLYWOOD, FL 3302	0	
				City/State and Zip Code	
			krodrigues523@gmail.com	m to be used for future annual report notification)	_
For fu	rther infe	rmation co	ncerning this matter, please ca		
KELL	ER ROE	RIGUES		786 201.1274	
		Name of	Person	at () Area Code Daytime Telephone Num	ber
Enclo:	sed is a cl	heck for the	following amount:		
■ \$2	25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, leate of Status & ed Copy mal copy is enclosed)
		Registrat	NG ADDRESS: tion Section of Corporations c 6327	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ENCOMPASS REALTY GROUP, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Company were filed on 06/21/2018 Florida document number L18000152916		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		18 / SE
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		of of the control of
Enter new mailing address, if applicable:		70 APO
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Floi	rida Zip Code

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>	Address	Type of Action
AMBR	HAICK, SCOTT	2450 2450 HOLLYWOOD BLVE	
		STE 401	■ Remove
		HOLLYWOOD, FL 33020	☐ Change
AMBR	SMITH, DAVID	2450 2450 HOLLYWOOD BLVC	
		STE 401	■ Remove
		HOLLYWOOD, FL 33020	Change
AMBR	MCEACHRON, RUBEN	2450 2450 HOLLYWOOD BLVC	Add
		STE 401	■ Remove
		HOLLYWOOD, FL 33020	Change
			☐ Remove
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			Add
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Effective date, if other than the fan effective date is listed, the date me	e date of filing: _			(optional)	
f an effective date is listed, the date m Note: If the date inserted in this b	ist be specific and can block does not meet	not be prior to date of ti the applicable statut	ling or more than 90 da ory filing requiremen	iys after filing.) Pursuant 118, this date will not l	to 605.0. se listed
document's effective date on the I			, .		
ne record specifies a delaye	d effective date	e, but not an effe	ctive time, at 12	2:01 a.m. on the	earlier
The 90th day after the re	cord is filed.				
August 02	2	018			
Dated August 02		 ·			
Kar of					
1/2 Comp	tree	ber or authorized repre			
	Signature of a mem	ber or authorized repre	sentative of a member		

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Filing Fee: \$25.00