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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | Registratio Division of | n Section Corporations | | | | |
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| | | ICE REAL ESTATE SOLUTIONS | S LLC | | | |
| SUBJEC | 1; | Name of Lin | nited Liability Company | | | |
| The enclo | sed Article | s of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please ret | urn all corr | espondence concerning this matter | to the following: | | | |
| | | EDWARD AMOS JR | | | | |
| | | ALIONCE REAL ESTAT | Name of Person | | | |
| | | ABIONCE REAL COTAT | | | | |
| | | 1201 SWEET GUM DRIV | Firm/Company VE | | | |
| | | BRANDON, FLORIDA 3 | Address 3511 | | | |
| | | DONONHOMES@GMAII | City/State and Zip Code L.COM | | | |
| | | _ | (to be used for future annual report noti- | fication) | | 195 <u>-</u> |
| For furthe | r informati | on concerning this matter, please c | rall: | | 15 NOV | |
| DONTE ' | TYRONE I | HARRISON | 917 650-4744 at () | | 18 | 2003 2004 100 100 100 100 100 100 100 100 100 |
| | Nai | me of Person | Area Code Daytim | e Telephone Number | PH 7: 38 | F STAI |
| Enclosed | is a check t | for the following amount: | | | 38 | SHOL |
| \$25.0 | 0 Filing Fe | e S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl | | - |
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MAILING ADDRESS:

TO:

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**

ALIONCE REAL ESTATE SOLUTIONS LLC

ompany has been notified in writing of this change.

| ALIONCE REAL ESTATE SOLUTIONS 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 08-01-2018 and assigned 11-18000184170 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.E.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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida | ARTICLE | S OF ORGANIZAT | ION | ₹.a |
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| New Registered Office Address: Enter Florida street address Florida | registered agent and/or the new registered office add | <u>dress here</u> : | | |
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| Enter Florida street address Florida | Name of New Registered Agent: | | | |
| Enter Florida street address Florida | New Registered Office Address: | | | |
| | New Registered Office Address. | Enter Florid | da street address | |
| | | | Plan: J. | |
| CHY ZID Code | | City | Florida Zip Co | |
| New Registered Agent's Signature, if changing Registered Agent: | New Registered Agent's Signature if changing Posictors | • | | |

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is veing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 |
|--------------|-----------------------|---|----------------|
| MGR | RISA JONES | | □ Add |
| | | 1211 SWEET GUM DRIVE, BRANDON, FLORIDA 33511 | ■ Remove |
| | | | Change |
| MGR | DONTE TYRONE HARRISON | PO BOX 4784 TAMPA, FLORIDA 33677 | ⊟ Add |
| | | | □ Remove |
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| Effective date lif other than the d | ate of filing: | (entional) |
| If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable st | (optional) of filing or more than 90 days after filing.) Pursuant to 605.020 attutory filing requirements, this date will not be listed as |
| ne record specifies a delayed on The 90th day after the recor | effective date, but not and dis filed. | effective time, at 12:01 a.m. on the earlier o |
| NOVEMBER 9TH | 2019 | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00