## L18000259877

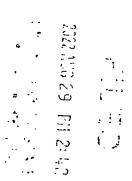
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	Registration Se Division of Cor			
cunica		E REALTY SEASIDE, LLC		
SORTEC	Т:	Name of Limi	ited Liability Company	<del></del>
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		SUSAN M BARNES		
		<del></del>	Name of Person	
		ROCKROSE REALTY SI	EASIDE, LLC	
			Firm/Company	<del></del>
		9744 HONEYSUCKLE D	RIVE	
			Address	<del> </del>
		MICCO, FLORIDA 32976	ń	
			City/State and Zip Code	
		ANGELA@ROCKROSER  E-mail address: (	EALTYSEASIDE.COM  to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please ca		
SUSAN	M BARNES		407 933-2242	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$2</b> 5.0	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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee

## DocuSign Envelope ID: 52624C32-30DB-428E-968B-D9EC7083880C ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ROCKROSE REALTY SEASIDE, LLC.	15 P.O 15 P.O 15 P.O
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	\$ 500 mg
The Articles of Organization for this Limited Liability Company were filed on 11/06/2018	and assigned 🙏 📜
Florida document number L18000259877	
This amendment is submitted to amend the following:	7 PO 101
A. If amending name, enter the new name of the limited liability company here:	
FLORIDA INTERNATIONAL BUSINESS BROKERS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Three	
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 na agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	me of the new registered
	Zip Code
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 52624C32-30DB-428E-968B-D9EC7083880C in amenuing Authorized rerson(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
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			□Remove
			□Change
			□Add
			Remove
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n effect ote:   If	e date, if other than the date tive date is listed, the date must be the date inserted in this block at's effective date on the Depart	specific and cannot be prior t does not meet the applica	ible statutory filing req	(optional) an 90 days after filing uirements, this date	.) Pursuar	nt to 605.02 Lbe listed
ecord s is filed	specifies a delayed effective da l.	nte, but not an effective tit	me, at 12:01 a.m. on th	e earlier of: (b) Th	ie 90th d	lay after ti
	August 24	2022				
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ted	Coran M. Propries	nature of a member or autho				

Filing Fee: \$25.00