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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Delease one Realty LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Marce Carli Name of Person
Durry one Realty
900 East AtLANTIC Avenue unit
Toulery Beach Llouda 33483
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donn's Marie at (561) 572-7490 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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 **OF**

Dulen on	re Realty LLC	
(Name of the Limited L (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number \(\sum_ \) \(\lambda \) \(\text{O D D D } \(\text{O } \)		signed
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	- "
	ro ro	
Enter new mailing address, if applicable:		<u>,</u>
(Mailing address MAY BE A POST OFFICE BOX	<u>x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name address here:	of the new
Name of New Registered Agent:	DONNA MARK CARLI	
New Registered Office Address:	Enter Florida street address	
_	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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 Type of Action **Title** <u>Address</u> <u>Name</u> PAULA Hartman 900 EAST ATLANTE DIE DANG SUTEL 5 Remove Delray Beach J. 33483 MMBR Theresa McFyllin (NAME CORRECTION) 900 Fast Atlante Avenus DAdd Delray Beach FT 33483 THERESA MCFILLIN □ 'Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)
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Effective date, if other than the date of filing: 9 26 19 (op: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	otional) ter filing.) Pursuant to 605.0207 (3) his date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	a.m. on the earlier of:
Dated 9 26 19 Signature of a member or authorized representative of a member	
Theresa McFillin	, , , , , , , , , , , , , , , , , , ,

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Filing Fee: \$25.00