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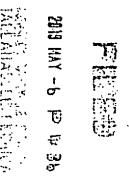
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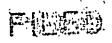
	egistration Se vision of Cor			
SUBJECT		Authority LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Michael Brownell		
		Real Estate Authority LLC	Name of Person	
		5220 S University Drive, S	Firm/Company Suite 210C	
		Davie, FL 33328	Address	
		michael@reauthorityllc.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Michael Br	ownell		954 646-1742 at ()	
	Name o	f Person	Area Code Daytime	: 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 ARTICLES OF ORGANIZATION **OF**



Real Estate Authority LLC

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)

The Articles of Organization for this Limited L		ere filed on 2/1/2019 FACE	and assigned
Florida document number L19000033086	····································		
This amendment is submitted to amend the fol	lowing:		ı
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.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	_		
Enter new mailing address, if applicable:	_	 	
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>	
	_	 	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		e address on our re	cords, enter the name of the nev
Name of New Registered Agent.			······································
New Registered Office Address:	5220 S University Drive, Suite 210C Enter Florida street address		
	Davis	Enter Piorida sireci i	
	Davie	City	_, Florida 33328 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		Sip Sink

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
			□ Add
			Remove
			□ Change
			
			Remove
			☐ Change
			□ Remove
		-	☐ Change
			
			Remove
			Change
			
			Change
			Add
		 	Remove
			☐ Change

		
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E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) atory filing requirements, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the r		fective time, at 12:01 a.m. on the earlier of:
Dated May 1	2019	
	Signature of a member or authorized repr	
/////		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00