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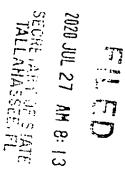


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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
	ALTOR LLC		
SUBJECT:	Name of Lin	nited Liability Company	
		·	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	GIANINA GURECKY		
		Name of Person	
			<u> </u>
		Firm/Company	
	360 SE MIZNER BLVD.		
		Address	
	BOCA RATON, FL 3343	32	20 SE
		City/State and Zip Code	2020 JUL 27 SECRETA-L TALLAHA!
	E-mail address:	(to be used for future annual report notification)	
For further information of	concerning this matter, please	call:	
GIANINA GURECKY		786 326-9949 at ()	<u> </u>
Name (of Person	Area Code Daytime Telephone N	umber tri w
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIANI REALTOR LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 02/01/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
GIANINA GURECKY LLC			
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:	***	address on our records, enter th	e name of the new register
New Registered Office Address:	N/A		77
Haganere o mee radied.		Enter Florida street address	@ J
		, Flori	da Σip Code
		Cuit	zajr Couc

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 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>	<u>Address</u>	Type of Action
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