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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LMC LITTLE ISLAND REALTY LLC.
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:
LURLINE CALLAGHAN Name of Person
LLC LITTLE ISLAND REALTY Firm/Company
8716 GLENOAK TRAIL Address
TALLA HASSEE FLOREDA, 32312 City/State and Zip Code
Thegreenemerald 55@gmail. Cov. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LURITHE CALLAGHAN at (850) 661 3249 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 Copy (additional copy is enclosed) Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

LMC LITTLE ISLI (Name of the Limited Liability Compa (A Florida Limited Liability)	AND REALTY nv as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number LIGOOIO3402 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab REMCAL PROPERTY INVESTMENT The new name must be distinguishable and contain the words "Limited Liabil	ility company here: LLC: lity Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8716 GLENG TALLAHASS 32312	DAKTRAIL SEE FLORIDA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32312	OAK TRAIL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street e	address
	City	_, Florida

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 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
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lf an cf: <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	December 3, 2023. Signature of a member or authorized representative of a member
	a de la como de la com
	LURLINE E. CALLAGHAN Typed or printed name of signee