19000123136

| (Requ | uestor's Name) | |
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| (Addr | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAiL |
| (Busin | ness Entity Nam | ne) |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ling Officer: | |
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Tallahassee, FL 32314

| то: | Registration : Division of Co | | | |
|-----------|----------------------------------|--|---|--|
| enn icz | Carrier Co. | state, LLC | | |
| SUBJEC | -1: <u></u> | Name of Lim | ited Liability Company | |
| The encl | osed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all corresp | pondence concerning this matter | to the following: | |
| | | Barry E. Haimo, Esq. | | |
| | | | Name of Person | |
| | | Haimo Law | | |
| | | | Firm/Company | |
| | | 8201 Peters Road, Ste 100 | 00 | |
| | | | Address | |
| | | Plantation, FL 33324 | | |
| | | | City/State and Zip Code | |
| | | doc@haimolaw.com | | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For furth | er information | concerning this matter, please e | all: | |
| Barry E. | . Haimo, Esq. | | 954 599-7483 | |
| | Name | of Person | at () Area Code Daytii | me Telephone Number |
| Enclosed | l is a check for | the 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 tadditional copy is enclosed) |
| | Mailing Addr Registration | | <u>Street Address:</u> Registration S | ection |
| | | Corporations | Division of Co | |
| | P.O. Box 63 | 327 · | The Centre of | Tallahassee |
| | Tallahassee | . FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RateMyEstate, LLC | | |
|--|--|------------------------------|
| (Name of the Limited Liability Cor (A Florida Limit | npany as it now appears on our recorded Liability Company) | <u>)</u> |
| The Articles of Organization for this Limited Liability Comparison document number $\frac{L19000123136}{L19000123136}$. | my were filed on 05/07/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | iability company here: | |
| Estate, Studio, LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | iability 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) | | 202 3.5 |
| | | |
| | | 82 |
| Enter new mailing address, if applicable: | | |
| ••• | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Watte ! | |
| | | <u> </u> |
| B. If amending the registered agent and/or registered officagent and/or the new registered office address here: | ce address on our records, <u>enter</u> | the name of the new register |
| Name of New Registered Agent; | | |
| New Registered Office Address: | | |
| | Enter Florida street address | 3 |
| | Fla | orida |
| | Ciw | 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 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> | Name | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Effec | tive date, if other than the date of filing: |
| Note: | flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as inent's effective date on the Department of State's records. |
| e recc | ord 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 filed. |
| | |
| ord is t | February 13 2023 |
| ord is t | February 13 2023 |
| ord is t | Signature of a member or authorized representative of a member |