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| Special Instructions to Filing Officer: | |
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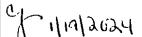




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COVER LETTER

| | gistration Sec ision of Corp | | | |
|------------------|---------------------------------|--|---|--|
| • | | REALTY OW PROPERTIES N | NETWORK, LLC | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are subt | nitted for filing. | |
| Please return | all correspor | ndence concerning this matter (| to the following: | |
| | | JOSEPH LA ROSA | | |
| | | | Name of Person | |
| | | LA ROSA HOLDINGS, C | ORP. | |
| | | | Firm/Company | |
| | | 1420 CELEBRATION BL | VD SUITE 200 | |
| | | | Address | |
| | | CELEBRATION, FL 3474 | 7 | |
| | | | City/State and Zip Code | |
| | | F-mail address: () | to be used for future annual report not | ification) |
| For further i | information co | oncerning this matter, please ea | | |
| | | | | |
| | | £D | at () | ne Telephone Number |
| | Name of | rerson | Area Civic Dayin | |
| Enclosed is | a check for th | ne following amount: | | |
| 2 \$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) |
| | ailing Addres | | Street Address: Registration So | ection |
| D | ivision of C | Corporations | Division of Co | rporations |
| | O. Box 632 allahassee, l | | The Centre of 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 770 28 77 7: 52

| (Name of the Limi | ted Liability Company (A Florida Limited Liab | as it now appears on ou oility Company) | <u>r records.</u>) |
|---|--|--|--|
| The Articles of Organization for this Limited L Florida document number 119000134520 | | ere filed on <u>05/20/20</u> | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liabilit | y company here: | |
| The new name must be distinguishable and contain the v | words "Limited Liability | Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | eable: | | |
| (Principal office address MUST BE A STREI | ET ADDRESS) | - | |
| | · | | |
| Enter new mailing address, if applicable: | - | | |
| (Mailing address MAY BE A POST OFFICE | (BOX) | | |
| | - | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office ade ess here: | dress on our record | s, enter the name of the new regis |
| Name of New Registered Agent: | Joseph La Rosa | | |
| | | D.J. 307 | |
| Now Pagistared Office Address | 407 Wekiya Sprir | igs Ru., 207 | |
| New Registered Office Address: | 407 Wekiva Sprii | Enter Florida str | |
| New Registered Office Address: | Longwood | Enter Florida str | eet address, Florida 32779 Zip Code |

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.

Joseph La Rosa

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 |
|--------------|----------------|---------------------------------|----------------|
| MGR | Carlos Bonilla | 407 Wekiva Springs Rd Suite 207 | 🗖 Add |
| | | Longwood, FL 32779 | |
| | | | |
| MGR | JOSEPH LA ROSA | 1420 CELEBRATION BLVD. STE 200 | |
| | | CELEBRATION, FL 34747 | 🗆 Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | Change |
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| Effective date, if other than the date of filing: [applional] If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 reliable of the date of the date of the date of the specific and t | | | | |
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Filing Fee: \$25.00