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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: T	HE REA 6 Name of Limi	roup, LLC	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	<u> </u>	Name of Person	
	The	REA Group, L	LC_
	7435 Air	POIT Pulling Rd N	#104-249
	Naples, f	City/State and Zip Code	
	E-mail address: (1	OVEALESTATEACY-C	ification)
For further information co	oncerning this matter, please ca	ill:	
Mario Name o	Dattilo Person	at (239 ) 558 – Area Code Daytin	3113 ext. 700 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

The RE	A Group, LCC	2020 7.7 -3 11 8:40	
(Name of the Limited I	<u>liability Company as it now app</u> Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabi Florida document number $\frac{L19000210}{}$		8/19/2019 and as	signed
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	e designation "LLC" or the abbreviation "L	L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address h		r records, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter F	Torida street address	
-		, Florida	
	Ciţy	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>	<u>Name</u>	Address	Type of Action
<u>m 6 R</u>	Mario Dattilo	2800 Davis Blud sui-	1e211 □Add
		Naples, FL 34104	Remove
			□Change
AMBR	Mario Dattilo	2800 Davis Blud Suite	DDAXI II 6
		Naples, FL 34104	□Remove
			Change
			□Add
			□Remove
			□Change
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t an effectiv <u>Note:</u> If th	date, if other than the date of filing:	.07 ( as t
record sped is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ie
Dated	January 29th 2020.	
	Signature of a member or authorized representative of a member	
	Mario Dattilo Typed or printed name of signee	