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| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | = #) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

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| "" DIPOT | ROBIN: | SON GROUP INC | | | | |
|-----------------------------------|---|--|---|--|---------------|-------------|
| SUBJECT: _ | | | ited Liability Company | | | |
| The enclosed A | Articles of A | amendment and fee(s) are sub | mitted for filing. | | | |
| lease return a | ill correspon | dence concerning this matter | to the following: | | | |
| Luther J Robinson Jr | | | | | _ | |
| | | | Name of Person | | | |
| | | | Firm/Company | | - | |
| 2401 PGA BLVD STE 196 #30 Address | | | | _ | | |
| | | Pε | ılm Beach Gardens, 3 | 3410 | | |
| | | | City/State and Zip Code | | - | |
| | | | Lrobinson9324@gma | uil.con | | |
| | | | to be used for future annual | | C. | 20 |
| For further inf | ormation co | ncerning this matter, please ca | ill: | | TALL | 2023 SEP 22 |
| Luth | er J Robin | son Jr | at (_305) | 922-3322 | £) | 22 |
| | Name of | Person | Area Code | Daytime Telephone Numbe | ALLAHASSEE F | PH 12: 02 |
| Enclosed is a c | check for the | e following amount: | | | | 2 |
| □ \$25.00 Fil | ling Fec | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc | Certifica (losed) Certified | ite of Status | |
| Regi Divi | ing Address stration S sion of Co Box 6327 | ection orporations | Division | Idress: ation Section a of Corporations atree of Tallahassee | | |
| Talla | ahassee, F | L 32314 | 2415 N. | Monroe Street, Suite 8 | 310 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBINSON GROUP INC

| (Name of the Limited Liability Compa (A Florida Limited I | | s on our records.) | | | |
|--|--|-----------------------------|-----------------------|-------------------|--|
| he Articles of Organization for this Limited Liability Company lorida document number <u>L19000257711</u> . | | October 14, 2019 | and assigned | | |
| his amendment is submitted to amend the following: | | | | | |
| . If amending name, enter the new name of the limited liab | ility company he | ere: | | | |
| Realtor U LLC | | · - | | | |
| ne new name must be distinguishable and contain the words "Limited Liabi | lity Company," the d | esignation "LLC" or the abb | oreviation "L.L.C." | | |
| nter new principal offices address, if applicable: | ess, if applicable: 2401 PGA BLVD STE 196 #30, Palm Beach | | | | |
| Principal office address MUST BE A STREET ADDRESS) | FL, 33410 | | | | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 2401 PGA BLVD STE 196 #30, Palm Beach FL 33410 FL, 33410 | | | dens. | |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our r | | At 20 | _ <u>[ered</u> | |
| Name of New Registered Agent: | | | 2 PHI2: | } } | |
| New Registered Office Address: | Enter Flor | rida street address | - 13 - 12 | _ | |
| | Circ | , Florida | Zip Code | _ | |
| | City | | Zip Coae | | |

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

| <u>itle</u> | <u>Name</u> | <u>Address</u> | Type of Action | | |
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| fective date, if other than the done effective date is listed, the date must be termed in this block cument's effective date on the Dep | se specific and cannot be prick does not meet the appl | cable statutory filing re | (optiona than 90 days after filir equirements, this da | ig.) Pursua | int to 605.0207 It be listed as |
| ecord specifies a delayed effective of stilled. | date, but not an effective | time, at 12:01 a.m. on t | he carlier of: (b) | The 90th | day after the |
| September 19 | | | | | |
| S | ignature of a member or aut | horized representative of | a member | | |
| | | | | | |

EU: E 005.00