L19000261431

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TO:	Registration Section - Division of Corporations - Section - Sectio						>		
CLUB IEZ	citi	Help-U-Sell /	Alliance Realty Ile						
SUBJE	CI:	Name of Limited Liability Company							
			mendment and fee(s) are subn		-				
Trease re		un concespond	Sergio Tejeda		g.				
					Name of Person				
			Help-U-Sell Alliance Realty	lle					
					Firm/Company				
5729 SW 60th. Ave									
					Address				
			South Miami, Fl 33143						
			SergioTejedaRE@gmail.com		/State and Zip Code				
			E-mail address: (to	be u	sed for future annual	report notificati	on)		
For furth	her in	formation con	eerning this matter, please eal	H;					
Sergio T	Гејеdа	1			786 252	2-4308			
		Name of F	erson		Area Code	Daytime Tel	epho	ne Number	
Enclosed	d is a	check for the	following amount:						
■ \$25.	.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is enc			\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Company of the compan

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

Help-U-Sell Alliance Realty LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/17/2019}{10}$ ____ and assigned Florida document number ______119000261431 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alliance Realty of Miami LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
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		 	□Remove
			☐ Change
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May 5th		2023					
17/							

Filing Fee: \$25.00