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COVER LETTER

	ration Section on of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Name of Person
	NW REALTY LLC Firm/Company
	1700 WATERBEACH CT.
	APOPKA, FL 32703 City/State and Zip Code admin & nwrealtyllc.com E-mail address: (to be used for future annual report notification)
For further info	mation concerning this matter, please call:
H	ANCY WILEMAN at (407) 749 5623 Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
□ \$25.00 Filir	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

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

NW REAL	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company volument number <u>L2000025988</u> .	were filed on JANUARY 24, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company " the designation "LLC" or the abbreviation "LL.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)	1317 EDGEWATER PR. SUITE # 577 ORLANDO, FL 32804 SUITE # 577 ORLANDO, FL 32804 ORLANDO, FL 32804
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1317 EDG	GEWATER DR SIE.577
	Enter Florida street address 21400 Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
	NA		□Add
			□Remove
	.		□Change
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an effective date is listed, th	ne date must be specific an	d cannot be prior to da	te of filing or more tha	n 90 days after fil	ing.) Pursua	int to 60:	5.0207
ote: If the date inserted ocument's effective date	in this block does not it on the Department of	meet the applicable State's records.	statutory filing requ	irements, this a	ate will no	ot be list	ted as
	ed effective date, but no	t an effective time, a	it 12:01 a.m. on the	earlier of: (b)	The 90th	day afte	er the
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