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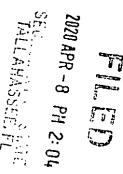
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Live Local Really of the Florida Kays LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
San Halligan Name of Person
Live Local Realty of the Florida Keys LLC
3752 Pour Cianer St.
City/State and Zip Code Suscissist Sells Keywest C. Gracil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suscentification at 305 906-1100 Name of Person at 305 Paytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$S25.00 Filing Fee \times \text{Certified Eopy (additional copy is enclosed)} \times \frac{1}{2}\$
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

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O	F co
(Name of the Limited Liability Compa (A Florida Limited)	nylas it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02 17 2020 and assigned
Florida document number 12000053325.	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Susan Halligan
(Principal office address MUST BE A STREET ADDRESS)	3752 Painciana St
	Bla Pieky FL 33043
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1
B. If amending the registered agent and/or registered office a	ddress on our records enter the name of the new registerance
agent and/or the new registered office address here:	our ess on our records, enter the name of the new registered

Name of New Registered Agent:

New Registered Office Address:

3752 Por Cora 5
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 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
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Filing Fee: \$25.00