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COVER LETTER

TO: Registration Division of 0	Section Corporations		·
CLID IEZTE.	al Estate, LLC		
30B/ECT.	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please teturn all corre	spondence concerning this matte	r to the following:	
	Maud Poudat		
		Name of Person	
	Vazquez & Poudat, PLLC		
		Firm/Company	
	1303 N. Orange Avenue		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	maud@vpimmigration.con		
For further information	n-mail address:	(to be used for future annual report no	tification)
	r concerning this matter, prease c	au.	
Maud Poudat		407 674-6968	
Nami	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 63	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee	, CL 32314	2415 N. Monro Tallahassee, FI	pe Street, Suite 810 _ 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riss Real Estate, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
the Articles of Organization for this Limited Liability Companorida document number $\frac{1.20000062170}{1.20000062170}$.	y were filed on 02/25/2020	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	hility company here:	
e new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
		220
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		. <u>25</u> /
If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
ent and/or the new registered office address here;		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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
MGR	Celia Jay	13001 Founder Square Dr. #200, Orlando, Fl. 32828	
			Remove
			□Change
MGR	Sebastien Riss	13001 Founder Square Dr., #200, Orlando, FL 32828	; ≣ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Affective date, if other than the an effective date is listed, the date in Note: If the date inserted in this becoment's effective date on the I	ist be specific and ca block does not mee	nnot be prior to a	date of filing or more	than 90 days after	filing.) Pursuant to 605	.0207 (ed as (
record specifies a delayed effecti I is filed.	ve date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b') The 90th day after	r the
June 5		2020				
	SAA	7	•			
	The state of the s					
	Signature of a mer	nber or authoriz	ed representative of	a member		