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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| CHOILCT. | Dynasty Re | ealty Advisors, LLC | | ,, , | • |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | Articles of | Amendment and fec(s) are sub | mitted for filing. | | |
| | | ondence concerning this matter | • | | |
| | | Sultana L. Haque | | | |
| | | | Name of Person | | |
| | | Sultana Law, P.A. | | | |
| | | | Firm/Company | | |
| | | 5101 Mystic Point Court | | | |
| | | | Address | | |
| | | Orlando, FL 32812 | | | |
| | | *** | City/State and Zip Code | | |
| | | Sultana@SultanaLaw.com | to be used for future annual report notif | ication) | |
| For further in: | formation c | oncerning this matter, please of | • | _(Catton) | |
| Sultana I., Ha | ique | | 407 470-3414 | | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | | |
| ■ \$25.00 Fi | iling Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is et | atus & |
| | ling Addres istration 5 | | Street Address: Registration Sec | tion | |
| | | Section Sections | Division of Core | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Dynasty Realty Advisors, 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 June 30, 2020 Florida document number L20000184977 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 801 N. Magnolia Avenue Enter new principal offices address, if applicable: Suite 204 (Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32803 801 N. Magnolia Avenue Enter new mailing address, if applicable: Suite 204 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32803 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: 801 N. Magnolia Avenue, Suite 204 New Registered Office Address: Enter Florida street address Orlando

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> | <u>Address</u> | Type of Action |
|--------------|--------------|------------------------|----------------|
| MGR | Jeff Joachim | 801 N. Magnolia Avenue | ■Add |
| | | Suite 204 | □ Remove |
| | | Orlando, FL 32803 | □Change |
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| ffective date, if other than | the date of filing: | | | (optional) | |
| an effective date is listed, the date | must be specific and cann | ot be prior to date o | f filing or more than 9 | 90 days after filing.) P | ursuant to 605.020 |
| iote: If the date inserted in the ocument's effective date on the | | | utory filing require | ements, this date wi | ill not be listed as |
| ocument's enective date on a | e Department of State | s records. | | | |
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| record specifies a delayed effo | ctive date, but not an e | ffective time, at 1 | 2:01 a.m. on the ea | arlier of: (b) The 9 | 90th day after the |
| I is filed. | | | | | |
| July 13 | 2(|)20 | | | |
| ated July 13 | · · | | | | |
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| Sultana I., Haque | | | | | |

Filing Fee: \$25.00