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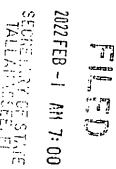
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Line	ited Liability Company Realty LLC
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Da Napies L	Name of Person Name of Person Firm/Company A Company A Company
1686 Se	CCAOO CIA
Naples ; - day de c E-mail address:	City/State and Zip Code
For further information concerning this matter, please of	:all:
Dong Cottrell Name of Person	at (239 350 - 010) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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

O	F
Name of the Limited Liability Compa (A Florida Limited)	Liability Company) TALL AHESSEE, EL
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 200022669</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	40 10th st. So. Naples, F1. 34102.
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	40 10th 3+ 50 Naples, F1 34100
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: DAVIC	Joseph th all
New Registered Office Address: 40 10	Enter Florida street address
Naple	City Florida 3403 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 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
			□ Add
			□Remove
			□Change
			
			□Remove
			☐ Change
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Filing Fee: \$25.00