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Name Change

COVER LETTER

TO:

Tallahassee, FL 32314

TO: 1	Registration Division of (Section Corporations		
SUBJEC	REALT	Y ONE GROUP PARADISE, I	LC	
		Name of L	imited Liability Company	
The enclose	sed Articles	Of Amendana and Good		
		of Amendment and fee(s) are si spondence concerning this matter		
		and mater	a to the following.	
		DAVID JOSEPH		
			Name of Person	
		NAPLES LUXURY GR	OUP REALTY, LLC	
			Firm/Company	
	1686 SERRANO CIRCLE			
			Address	
		NAPLES FL 34105		
		david@naplesluxurygroup	City/State and Zip Code	
			(to be used for future annual report partitions)	
For further i	information	concerning this matter, please of	all:	
David Josep	ph		239 451-1807	
	Name	of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for t	he following amount:		
■ \$25.00 I		☐ \$30.00 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)	
Reg Div P.O	iling Addressistration Strision of Co. Box 632	Section orporations 7	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**

REALTY ONE GROUP PARADISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(** From Emilia	Laterity Company)	- 12 12 12 12 12 12 12 12 12 12 12 12 12
The Articles of Organization for this Limited Liability Compan	v vers filed a = 07/29/2020	
Florida document number L20000226690	y were fried on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	hility company horos	
NAPLES LUXURY GROUP REALTY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LC"	or the abburded with the
Enter new principal offices address, if applicable:	, , , , and constant that	of the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
E E E E E E E E E E E E E E E E E E E		
		
B. If amending the registered agent and/or registered agent		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ladress on our records, <u>enter th</u>	e name of the new registered
—————		
Name of New Registered Agent:		
		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
s Signature, it 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effectiv	e date, if other than the date of filing: (ontional)
f 00 meters	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.
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