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COVER LETTER

SUBJECT: CTUTION TO GY OUT REALLY LOC 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: Maria elena Figury 00 Name of Person Firm/Company 5500 Feyrayi Avenue Address Ave Maria, FL 34142 City/State and Zip Code Limited Liability Company Avenue Address Ave Maria, FL 34142 City/State and Zip Code Limited Liability Company Maria and Zip Code Limited Liability Company Maria and Zip Code Limited Liability Company And Avenue Address Avenue Limited Liability Company	
Please return all correspondence concerning this matter to the following: Mariuelena Figueroa Name of erson Firm/Company 5500 Ferrari Avenue Address	
Mariuelena Figueroa Name of Person Firm/Company 5500 Ferrari Avenue Address	
Firm/Company 5500 Ferrari Avenue Address	
5500 Ferrari Avenue	
Address	
Are Maria, FL 34142	
Je-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mariaelena Figueroa at (186) 253-3003 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

FILED

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	pany as it now appears on our records.) Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORES
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{L20002520}$	y were filed on <u>08-17-28</u>	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Ciuratto Group Real The new name must be distinguishable and contain the words "Limited Liab	ty LLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. 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:		
New Registered Office Address:		
	Enter Florida street address	
 	, Floric	laZip 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
			□Add
			□ Remove
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			□Add
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			□Add
			□Remove
			□Change

II amend	ing any other information, enter change(s) here: (Attach additional sheets. if necessary.)
··	
•	
(If an effecti Note: If t	date, if other than the date of filing:
the record spoord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Iclober 8th , 2021.
	Signature of a member or authorized representative of a member
	Moriaelena Figueroa Typed or printed name of signee