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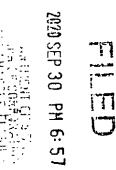
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## **COVER LETTER**

Division of Corporation	ons		
SUBJECT: Valerie	<del> </del>	Mino Rec	ality LLC
The enclosed Articles of Amend	ment and fee(s) are submi	tted for filing.	
Please return all correspondence	concerning this matter to	the following:	
V	abrie '	Demino Name of Person	
<u>-</u>	37 Cha	Firm/Company  Address	71
Υ	Draden hi	5n.fl 3	4212
<u>V</u> (	demino (E	Sity/State and Zip Code  De used for future annual report	O C (Marchine)
For further information concerni	ng this matter, please call;	O	
Valerie Do	mino		ytime Telephone Number
Enclosed is a check for the follo	wing amount:		
	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)

TO:

Registration Section

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

Waleyie Mame of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	alisha
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  OPTION  The new name must be distinguishable and contain the words "Limited Liab	Realty LLC
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)	2020 SEP 30 T
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
	Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Aut$	nager thorized Member						
Title AMBC	Name Valerie	M Domic	Address	437	chart	11-tr	ype of Action
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