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## **COVER LETTER**

TO: Registration Division of C				
MADSH SUBJECT:	REALTY GROUP LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Vinicius Machado da Silv	a		
		Name of Person		
		Firm/Company	<del></del>	
	8324 Prestbury Drive		<u> </u>	2934
		Address		 
	Orlando, FL 32832		ASSI O.A.	5 : I
	vinny@onlirealty.com	City/State and Zip Code	EE, FL	PH 3: 27
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report not	fication)	Ţ
Vinicius Machado da S		352 278 8544		
	of Person	at ()	ne Telephone Number	<del></del>
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (udditional copy	Status & y
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NADSI REALI I GROUP LLC	bility Company as it now annears on our	vecovde )
(A F)	ability Company as it now appears on our orida Limited Liability Company)	i ccor us.)
The Articles of Organization for this Limited Liability Florida document number <u>L20000305833</u>	ty Company were filed on 09/28/2020	and assigned
lorida document number	·	
his amendment is submitted to amend the following	g:	
. If amending name, enter the new name of the	limited liability company here:	
ONLI REALTY GROUP LLC		
he new name must be distinguishable and contain the words	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET AI	ODRESS)	
		293
		And the second s
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		32 6 E
		in or fine
		FFAI 2
3. If amending the registered agent and/or regist gent and/or the new registered office address he		•
	='	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<u>-</u>		_, 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the date of filing: _			(	optional)		
effective date is listed, the date must be specific and car e: If the date inserted in this block does not meet	mot be prior to d t the applicable	late of filing or r e statutory fili	nore than 90 days	after filing.) Pur s, this date will	suant to not be	605.020 listed a
ument's effective date on the Department of State	e's records.	•				
	<b>.</b>					
cord specifies a delayed effective date, but not an sfiled.	effective time	, at 12:01 a.m.	on the earlier of	of: (b) The 90	lh day a	iller the
ed MAY 30	2024					

Typed or printed name of signee