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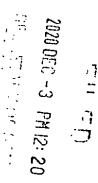
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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
	R REALTY 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 corresp	oondence concerning this matter	to the following:	
	OSCAR VILLA		
		Name of Person	
		Firm/Company	
	12525 ORANGE DR STE	:708	
	-	Address	
	DAVIE FL 33330		
	info@vaacpas.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	afl:	
Oscar Villa		954 296-2959 at()_	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Luability Company)	
The Articles of Organization for this Limited Liability Company Torida document number $\frac{1.20000351647}{1.000000000000000000000000000000000000$	y were filed on NOVEMBER 5, 202	and assigned
his amendment is submitted to amend the following:		
x. If amending name, <u>enter the new name of the limited lial</u>	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2020
		DEC
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		3 3
		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sweet address	
	Flori	da
	City	daZip Code

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

WHISTER REALTY LLC

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBERTO WILSTERMANN	12525 ORANGE DR STE:708	<b>≡</b> Add
		DAVIE FL 33330	
			☐ Change
			□Remove
			□Change
			□Remove
			□Change
			Jadd
			□Remove
			IChange
			I)Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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