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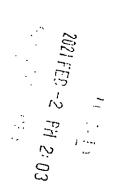
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eur iez	Locals Real		•	, ઇ
SUBJEC	CT:		ted Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		Jessica Adair		
			Name of Person	
		Locals Realty LLC		
			Firm/Company	
		9801 Gulf Drive STE 4		
			Address	<del></del>
		Anna Maria, Fl 34216		
			City/State and Zip Code	
		jessica@localsrealtygroup.co		·
		E-mail address: (t	to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please ca	all:	
Jessica /	Adair		941 345-0178 at ( )	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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 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

Locals Realty LLC  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000363692	were filed on 11/17/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	9801 Gulf Drive STE4	
(Principal office address MUST BE A STREET ADDRESS)	Anna Maria, Florida 34216	
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 nam	e of the new registere
Name of New Registered Agent:		207
New Registered Office Address:		  
New Registered Office Address.	Enter Florida street address	† <del>13</del>
	, Florida	ZirtCode
New Registered Agent's Signature, if changing Registered Agent:		2: 0
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am p provided for in Chapter 605, F.S. Or,	ree to Comply with the familiar with and if this document is

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
MGR	Kimbery Roehl	536 68th st. Holmes Beach, Fl 34217	\( \overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overli
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fective date, if	f other than the date of filing:(optional) s 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
in effective date is note: If the date:	slisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	tive date on the Department of State's records.
ecord specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
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	Signature of a member or authorized representative of a member  (18800 Adam)

Filing Fee: \$25.00