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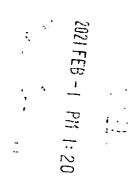
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COVER LETTER

	egistration S ivision of Co		**	
	, Mermaid l	Realtor LLC		•
SUBJECT			nited Liability Company	
The enclose	ed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all corresp	ondence concerning this matter	to the following:	
		Joseph Yolofsky		
			Name of Person	
		Yolofsky Law PA		
			Firm/Company	·····
		100 SE 3rd Ave, Suite 100)()	
			Address	
		Fort Lauderdale, FL 3339-	1	
		ajy@yolofskylaw.com	City/State and Zip Code	
		•	to be used for future annual report notif	fication)
For further	information (concerning this matter, please c	all:	
Joseph Yol	ofsky		954 237.4011	
	Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB - 1 PH 1: 20

company has been notified in writing of this change.

Mermaid Realtor LLC		1.50	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our recor Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000017272}{1.0000017272}$.	were filed on 1/5/2021	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:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	501 E. Las Olas Blvd. Suite 300		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ds, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr		
	, r City	loridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agrownsions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office	performance of my duties, oprovided for in Chapter 605.	md I am familiar with and , F.S. Or, if this document i:	

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 = M $AMBR = A$	lanager .uthorized Member	·		
<u>Title</u>	<u>Name</u>	Address 2021 FEB - 1 PM 1: 20	Type of Action	
MGR	Steve Gabay	501 E Las Olas Blvd, Suite 300 Fort Lauderdale, FL 33301	= Add	
			☐ Remove	
			Change	
		 	Remove	
			□ Change	
			☐ Remove	
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			Add	
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			Change	
			Add	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	e of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.0207 date will not be listed as (
he record specifies a delayed effective date, but not an The 90th day after the record is filed.		
Dated 1/26/2011 Of Golden Signature of a metaber or authorized		
~ 0.1 $\sim 10^{-1}$		

Page 3 of 3

Filing Fee: \$25.00