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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT:	Name of Limi	ria Realty Ll ited Liability Company	<u>- C</u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		OINJ. Cavalieri Name of Person	
	<u> </u>	eria Realty L	LC
		2 Street Address	
	Dunedi	n FL 33755 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (D Geriureally. Com	fication)
For further information co	oncerning this matter, please ca	all:	
Lincoln Name of	Cavalleri Person	at (727) 744 - Area Code Daytim	2214 e Telephone Number
Enclosed is a check for th	e 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 S Division of C	Section	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Geria Y	realty LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company version of Company versio	1 1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
Katie No	icharme Realty LLC		
The new name must be distinguishable and contain the words "Limited Liability"	y Company," the designation "L.L.C" of the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	630 Athens Street		
(Principal office address MUST BE A STREET ADDRESS)	Dunedin FL 34698		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1030 Athens Street Dunedin FL 34698		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
agent and/or the new registered office address here:	<u>(</u>		
Name of New Registered Agent: 'A ath	174n Ducharme Procissi 19thens Street Enter Florida street address		
New Registered Office Address: 430 /	Athens Street C:		
	Enter Florida street address		
/.	Ounedin Florida 34698		
	Cuy Lip 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 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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ □ Change
			□Add
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			☐Remove
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☐ Remove

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of	(optional)
te: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	ntutory filing requirements, this date will not be listed
same a creenve date on the Department of State 3 records.	
ecord specifies a delayed effective date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	(a) 110 110 110 110 110 110 110 110 110 11
ud August 2, 2024.	
1/(<i>/</i> .
Signature of a member or authorized re	
signature of a member or authorized re	presentative of a member