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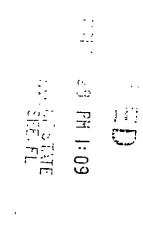
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

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| TO: Registration Sect Division of Corpo | | • | |
|---|--|--|--|
| SUBJECT: | IN RO | eally llc | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | Sa | Name of Person | nr |
| | | Name of Person | |
| | | Firm/Company | |
| | 1180 | | l. |
| 118 Wild Fen DR | | | |
| | Long | Swead Ft 3: City/State and Zip Code | 2779 |
| | C. c. do | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information cor | ncerning this matter, please c | | |
| Sarah | Sloan | at (321) 297 | 6875 |
| Name of F | Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fec & 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) |
| | | | 1 |
| Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI | ection rporations | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI | rporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | IN Realty LIC | |
|---|---|--|
| - | (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| | 1.29.2021 | |

| (Name of the Limited L | lability Company as it now appears on out | ir records.) | |
|--|--|----------------------------|----------------------|
| The Articles of Organization for this Limited Liabil Florida document number 1210005 | my company were med on | 9.2021 | and assigned |
| This amendment is submitted to amend the following | ng: | | / |
| A. If amending name, enter the new name of the | e limited liability company here: | | |
| | | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation | ion "ELC" or the abbrev | riation "L.L.C." |
| Enter new principal offices address, if applicable | e: | | ** |
| (Principal office address MUST BE A STREET A | | ··· | 555 |
| • | | | ය . |
| | | Cic. | 2 111 |
| E | | (1)co taci | |
| Enter new mailing address, if applicable: | / | | |
| (Mailing address MAY BE A POST OFFICE BO) | <u>x</u> / | ···· | |
| | | | - |
| | | | |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | | s, <u>enter the name o</u> | f the new registered |
| agent and/or the new registered office address no | ere: | | |
| | | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | | | |
| | Enter Florida stre | eet address | |
| | | , 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 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 |
|--------------|---------------|---------------------------------------|----------------|
| MGR | Surah J Sloan | LONGWOOD E13277 | DAdd |
| | | | / □Remove |
| | | | □Change |
| AMBR | Sarah J Slow | 118 wild Few PR Longwood oc 3277 | DAdd |
| | | | / □Remove |
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| fective date, if other than effective date is listed, the dote: If the date inserted in ocument's effective date on | this block does not me | et the applicable sta | | | |
| ecord specifies a delayed e is filed. | ffective date, but not a | n effective time, at | 2:01 a.m. on the ea | rlier of: (b) The ! | 90th day after th |
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| | Signature of a me | mber or aumorized re | presentative of a mem | Der | |