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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	rations					
SUBJECT: P. C	orinn Pope	Realton, i	Lic			
	Name of Lim	ited Liability Company				
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.				
Please return all corresponde	ence concerning this matter	to the following:				
	0	0				
	_ COVINA	Pope Name of Person				
		Firm/Company	,	 -		
	1220 Mich	ligan Blv	d -			
	Dunedin A	34698				
		City/State and Zip Code	: - ^ - '	ı		
-	Corinn well E-mail address: (t	Ober used for future annual	(a) RMa	<u>は.cov</u> n		2
For further information conc	erning this matter, please ca	ıl ı :		;	世界に	3 5
Corina Pa	pe	at (828)	231-232	3		ann UN OL PH
Name of Pe	rson	at (\&\ Z\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Daytime Telepl	hone Number		
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Registration Sec			ration Section			
Division of Corp P.O. Box 6327	OTATIONS		on of Corporation entre of Tallaha			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	bility Company were filed on	4/27/21	and assigned
Florida document number <u>L2100019535</u> ;	• •		
This amendment is submitted to amend the follow			
A. If amending name, <u>enter the new name of t</u>	he limited liability company b	ere:	
21	-		
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the des	signation "LLC" or the	abbreviation "L.L _c C:"
Enter new principal offices address, if applical			
Enter new mailing address, if applicable:	_ 		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered		records, <u>enter the</u>	name of the new
Name of New Registered Agent:			St. Ok.
New Registered Office Address:			
	Enter Florid	la street address	
_		, Florida _	
	Сйу		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change	and complete performance of n red agent as provided for in Ch gistered office address, I hereby	ny duties, and Lan apter 605, F.S. O.	i familiar with and r, if this document is
If amending Authorized Person(s) authorized t added or removed from our records:	If Changing Registered Ager to manage, <u>enter the title, nam</u>		

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	tive date, if other than the date of filing:
(If an e (3)(b)	(optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the reco
D	1 1/19/22
Date	Panna Brol
	Signature of a member or authorized representative of a member