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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corpo	orations			
SUBJECT: None 1	Name of Lim	MANAGEMENT, ited Liability Company	LLC	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	DANIET T	Name of Person		
	D'Onotres 17	OPERTY MANAGEML Firm/Company	ent LLC	.
		Blvd b-105 #	266	Part wive of PM
	MIRAMAR BC daniel + c E-mail address:	City/State and Zip Code Long Frie @ CM/2 to be used for future annual report notif	2550 Mg	PH 2: 05
For further information con	cerning this matter, please ea	all:		
DAU DO Name of P	nofrio erson	at (<u>\$50</u>) <u>699</u> Area Code Daytime	- 5080 : Telephone Number	
Enclosed is a check for the	following amount:			
2) \$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 State Certified Copy (additional copy is ene	
Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'Onotaio Prope	ed Liability Compan	NAGEMENT y as it now appears on our reco	<u>/ / C</u>
	(74 i fortou tsimileu isi	anning Company)	
The Articles of Organization for this Limited Li	ability Company v	vere filed on $5/ii$	2.1 and assigned
Florida document number W New " on r	cceipt.		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	ement	Real+Y, L	LC
The new name must be distinguishable and contain the w	ords "Limited Liabili	y Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able: N/A	NOT CHANC	ied = 17
(Principal office address MUST BE A STREE			N
			The second secon
Enter new mailing address, if applicable:	NI A	NOT CLAN	sed o
(Mailing address MAY BE A POST OFFICE A	BOX)		
B. If amending the registered agent and/or re		idress on our records, <u>ente</u>	er the name of the new registered
agent and/or the new registered office addres	<u>s here</u> :		
	/2		
Name of New Registered Agent:	N/A	- "	
New Registered Office Address:	NA		
		Enter Florida street addr	ess
		, ,i	Florida
		Ciw	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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u> <u>Name</u> <u>Address</u>	
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ective date, if other that effective date is listed, the da	ate must be specific and cann	iot be prior to a	late of filing or more i	(op) than 90 days aft	er filing.) P	ursuant to	o 605.020
te: If the date inserted in t ument's effective date on	this block does not meet the Department of State	the applicabl 's records.	e statutory filing re	quirements, tl	iis date wi	ll not be	: listed a
	ffective date, but not an e	ffective time	at 12:01 a.m. on t	he earlier of: ((b) The S	00th day	after the
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