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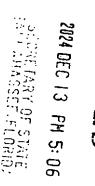
(Requestor's Name)
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elbuzer.	DA VÉ RAS	S ENTERPRISE LLC	•	€	€	, *		•	
SUBJECT:		Name of Lim	ited Liability Company			<u> </u>			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing						
		·	•						
riease return	an correspo	ndence concerning this matter	to the following:						
		David Araujo							
		·	Name of Person	_ -					
		DA VERAS ENTERPRIS	E						
			Firm/Company						
		5173 Alligator Flag Lane							
			Address						
		Orlando, FL 32811							
			City/State and Zip Co	ode	•				
		davidvaraujo982@gmail.co							
Kar furbar ir	stormation a	h-mail address: (oncerning this matter, please c	to be used for future and	nual report notif	lication)				
		oncerning this matter, prease c.							
David Arauj			407 at ()	867-0506					
Name of Person		Area Code	Daytime	e Telephone	: Number				
Enclosed is a	check for th	e following amount:							
■ \$25.00 F		☐ \$30.00 Filing Fee &	□ \$55.00 Filing F			60.00 Filing F		2024 DEC	 .
		Certificate of Status	Certified Copy (additional copy is		(Dertificate of S Dertified Copy additional copy is)EC 13	
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Mailing Address:			Street Address: Registration Section					5: 06	
Registration Section			-		22111	۱ن			
		orporations		sion of Corp					
). Box 632 Johanna T			Centre of T					
Tai	lahassee, F	L 32314		5 N. Monroe ihassee, FL		Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA VERAS ENTERPRISE

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 05/27/2021	_ and assigned
Florida document number 1.21000247456		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
REALTOR DAILY LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name o</u>	f the new registered
New Registered Office Address:	Enter Florida street address	20
	, Florida	2024 DE
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		SSE TO
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public, the merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if i	iiling with U nd this document is

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
			□Add
			□ Remove
			□Change
		_	□Add
			□Remove
			Change
			□Add
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ective date, if other				(0	optional)		
effective date is listed, te: If the date inserted	d in this block does i	not meet the app	olicable statutory	or more than 90 days filing requirements	after filing.) Pursu , this date will n	ant to 605. of be liste	.020 ed a
ument's effective dat	e on the Department	t of State's recor	·ds.				
cord specifies a delay	ed effective date, bu	t not an effectiv	e time, at 12:01 a	m. on the earlier o	f: (b) The 90th	day after	-the
s filed.							024 E
12/09/24 ed						HAN !	024 DEC 13
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	N i	//	_				•
	Darib Signature	Of a member of a	uthorized representa	tive of a member			PH 5: 06