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(Business Entity Name)	
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COVER LETTER

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Registration Section

TO:

Division of C	orporations				
	IEN LEVINSON REALTY GRO	OUP LLC			
SUBJECT:Name of Limited Liability Company					
The mulescal Agricles	of Amendment and fee(s) are sub	mitted for filing			
Please return all corres	pondence concerning this matter	to the following:			
	GAMILA COHEN				
		Name of Person			
		Fina/Company			
	9720 STIRLING ROAD S				
		Address			
	COOPER CITY FL 33024				
		City/State and Zip Code			
	FT.COHEN@GMAIL.COM	M to be used for future annual report not	(ftx)		
For further information	a concerning this matter, please e		The accept		
GAMILA COHEN		954 826-7785			
Name	e of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for	r the 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 Section		Street Address: Registration So			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COHEN LEVINSON REALTY GROUP LLC (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 Liability Company were filed on $\frac{06/08/2021}{}$ Florida document number L21000267168 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COHEN REALTY GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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.

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 01/24 2022 Signature of a member or authorized representative of a member GAMILA COHEN Typed or printed name of signee

Filing Fee: \$25.00