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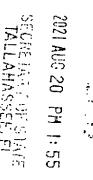
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## **COVER LETTER**

TO: Registration S Division of Co						
empreze.	NINE (	ONE REALTY				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
		Consuela LaRosa				
		Name of Person				
		Firm/Company				
		PO BOX 772017				
	0	Address				
	Cor	al Springs, FL 33077 City/State and Zip Code				
	E-mail address: (	i.am.dope@icloud.com to be used for future annual report notific	cation)	5:2	2021	
For further information c	roncerning this matter, please c	·	ŕ	TALLA TALLA	21 AUG	1 3
Consue	la LaRosa	at (_404) 819.1437		7	20	ş
Name o	of Person		Telephone Number	- 10 10 10 10 10 10 10 10 10 10 10 10 10	P ::	
Enclosed is a check for the	ne following amount:				$\Omega$	
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINE C	ONE REALTY				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)		<del></del>	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	15 July 2021	and	assign	ed
Florida document numberL21000322670	e.			~	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company he	ere:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or the a	abbreviation	·"L.L.C.	<del></del>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u></u>		_		
	<u> </u>				
			<b>7.</b> 0.⊞0	2021	
Enter new mailing address, if applicable:				AC.	? ¥
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<u> </u>	_22_	, 11 
	<del></del> .		<i>6</i> ,2,1		, n
D. 16				<u> </u>	7
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the nar</u>	i	new re	<u>gistered</u>
			, T.T.;	0,	
Name of New Registered Agent:					
New Registered Office Address:					<del></del>
	Enter Flor	ida street address			
		Florida			
	City		Zıv Co	de	

### 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	Consuela LaRosa	PO BOX 772017	□ Add
		Coral Springs, FL 33077	□Remove
			[X]Change
			🗆 Add
			Remove
			□ Change
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			2000 AUG SICRE 15 TALLAH
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Filing Fee: \$25.00