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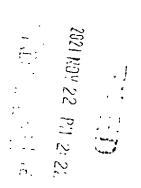
(Requestor's Name)
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(City/State/Zip/Phone #)
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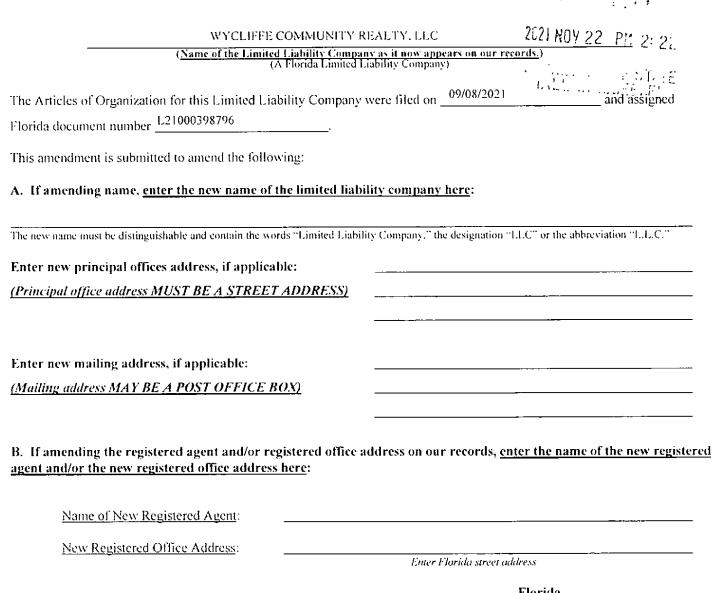
DEC - 8 2021

COVER LETTER

Division of C	•		
WYCL SUBJECT:	IFFE COMMUNITY REALTY.		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MICHAEL A. UNGERB	BUEHLER, ESQ.	
		Name of Person	
	SACHS SAX CAPLAN, I	P]_	
		Firm/Company	
	6111 BROKEN SOUND I	PARKWAY NW. SUITE 200	
		Address	
	BOCA RATON, FLORID	A 33487	
		City/State and Zip Code	
	MUNGerbush	er C SSClawfirm (2) to be used for future annual report notifi	fraction)
For further information	concerning this matter, please c	all:	
MICHAEL U	NGERBUEHLER	561 237-6895	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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



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

or remo	ved from our records:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u> </u>			□Add
			□Remove

	ficers: The names of the Officers of the Limited Liability Company are:
Pre	esident: Robert Martin
Vic	re-President: Alex Jewell
Vio	ce-President: Lisa Moore
Vic	ce-President: Shane Preston Barta
	date, if other than the date of filing:
n effecti te: If	ive 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
i effecti te: If cument	ive 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. pecifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
n effecti i <u>te:</u> If cument	ive 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. pecifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Filing Fee: \$25.00