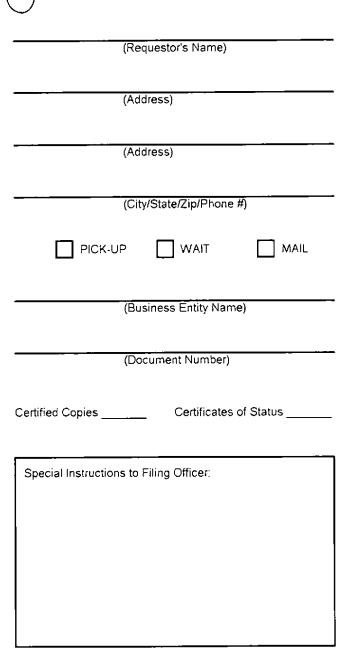
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, ·	· (COVER LETTER	٠ .	
TO: Registration Section Division of Corpora		•		,
SUBJECT: ROTHY	nan Real E Name of Limi	State, LLC ited Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
-	Dana	ROthman Name of Person		-
_	·	Firm/Company		_
-	555	NE 34 Stree	+ + 1511	_
-	Mia	MI FL 33	3137	_
_	danab E-mail address: (1	r Othman @ Gr	mail.com	
For further information conce	rning this matter, please ca	all:		
Dana Ro Name of Pers		at (305) Area Code	975-3262 Daytime Telephone Numb	er
Enclosed is a check for the fo	lowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certific	Filing Fee, cate of Status & cd Copy and copy is enclosed)
Nautte Adden		C4	J anuary	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rothman	Real Estate LLC ility Company as it now appears on our records.) ida Limited Liability Company)		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 09 08 2021 and assigned 0.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
Dana Brooke Rothman	LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)		
	i }		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registero</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		

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:

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action ______ Change _____ □Remove

	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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·-·-	
(If an effective Note: If th	late, if other than the date of filing:
	reifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord is filed.	November 20, 2023 (200)
Dated	October 2 nd N. 2023
	Deuc B Rothman
-	Signature of a member or authorized representative of a member
	Dana B. Rothman
-	Typed or printed name of signee