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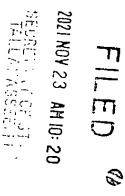
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COVER LETTER

Registration Section Division of Corporations

TO:

Restored Realty Group Limited Liability Company SUBJECT:				
30 13 EC 1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Carlos Palacios			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Restored Realty Group Lin	nited Liability Company		
		Firm/Company		
	1841 Jayhawk Court NW			
		Address	· · · · ·	
	Palm Bay, FL 32907			
		City/State and Zip Code		
	isymlite@yahoo.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Carlos Palacios		786 5560052 at ()		
Name o	of Person	Area Code Daytin	se Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Restored Realty Group Limited Liability Company		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	orda.)
The Articles of Organization for this Limited Liability Compar	y were filed on 10/11/2021	and assigned
Florida document number L21000443449		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
Restored Realty Group LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" 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)		2021
		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	· 0 —
agent and of the new registered office address here.		
Name of New Registered Agent:		25 6 O
Maine Of Free Registered Agent.		3
New Registered Office Address:	Enter Florida street ada	
	Ciry	Florida
New Registered Agent's Signature, if changing Registered Agen	•	•
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	gree to act in this capacity. I te performance of my duties, s provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
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	Carlos Palacios	1841 JAYHAWK CT NW PALM BAY, FL 32907	= Add
			□Remove
			Change
			□ Remove
			Change
			🗆 Add
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			Change
			□Add
		□Remove	
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			Remove
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E. Effective date, if other than the	date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
Note: If the date inserted in this ble	t be specific and cannot be prior to date of took does not meet the applicable stature partment of State's records.	nling or more than 90 days after filing.) Pursuant to 605.0207 (3)(1 tory filing requirements, this date will not be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12.	:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 18	2021	
	1/1/	.,
		4//

Filing Fee: \$25.00

Typed or printed name of signee