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DATE: 12/3/2021

NAME: PARIKH & HAKEEMS REALTY INVESTMENT GROUP, L LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIKH & HAKEEMS REALTY INVESTMENT GROUP, L LLC

(Name of the Limited Liability Company as it now appears on our records.)

7A Florida Limited Liability Company.)

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| , , , | ompany were filed on 11/16/2021 | and assigned |
| Florida document number L21000493589 | · | • |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| PARIKH & HAKEEMS REALTY INVESTMENT GROUP | , LLC | |
| The new name must be distinguishable and contain the words "Limi | ted 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 ADDR | ESS) | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (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 | | |
| R. If amending the registered upont und/or registered | office address on our rewards onto the next | |
| Florida document number L21000493589 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PARIKH& HAKEEMS REALTY INVESTMENT GROUP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: City Florida Lip Code New Registered Agent's Signature, if changing Registered Agent: Thereby 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 | | |
| | | m with |
| Name of New Registered Agent: | | 2030 |
| New Registered Office Address: | | 5.7 9. |
| | Enter Florida street address | 77 |
| | Florida | • |
| | Cife | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag | omplete performance of my duties, and I at tent as provided for in Chapter 605, F.S. C | n familiar with and Or, if this document is |
| | | |

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 |
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| 11/22/21 | | |
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| ed 11/22/21 | Signature of a member or authorized representative of a member | |