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(Re	questor's Name)			
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22 MAY -3 PM 3: 22

T. MATTHEWS MAY 1 1 2022

RECEIVED



FLORIDA DEPARTMENT OF STATE SECRETARY TALLAHASSEE, FL

April 14, 2022

EVE ESTATE AF. LLC 1541 TAGUS AVE CORAL GABLES, FL 33143

SUBJECT: REAL ESTATE AF, LLC.

Ref. Number: L21000507549

We have received your document for REAL ESTATE AF, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managérial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 922A00008719

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	REAL Name of Lim	ESTATE AF	110
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Name of Person	
	K	PEAL ESTATE Firm/Company	AF, LLC
		541 Tagus (
	(Onal Cable. City/State and Zip Code	, Fl 33156
		eve e reaf. 11c	
For further information con-	cerning this matter, please ca	all:	
Eve Name of P	Run cimau erson	at (<u>305</u>)	8042262 Daytime Telephone Number
Enclosed is a check for the	following amount:		
DE \$25.00 Filing Fee Check previously Made:	☐ \$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 Sec Division of Cor P.O. Box 6327	porations	Division The Cent	on Section of Corporations re of Tallahassee
Tallahassee, FL	. 32314	2415 N. I	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF TARY OF SORPOR

(Name of the Limited Liability Compan (A Florida Limited Li	TO AF L22MAY -3 PM 3: 23 y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 21 000 50 75 49</u> .	vere filed on 11-30-21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil N /	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>- 4/4</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	Idress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Trans
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and \sim

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.

N/A

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 add or removed from our records: CLURE JARY OF STATE DIVISION OF CORPORATIONS MGR = Manager AMBR = Authorized Member 22 MAY -3 PM 3: 23 Type of Action <u>Title</u> Name **Address** AMBR WAYNE M. ROSEN Coral Gables Fl 33156 . Remove _____ 💆 Change MGR Eve Runciman 1541 tagus Ave. DAdd

Coral Galses F1 33156 DRemove ____ □Remove _____ □Change □Add __ 🔲 Remove ☐ Change ______ □Remove □Add _____ □Remove

□ Change

	NA	ONVISION OF CORPORATION		
		change(s) here: (Attach additional sheets, if necessary): SECRETARY OF CORPORATIONS 22 MAY -3 PM 3: 23		
-	10-101-0	22 UK.		
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Effecti	ve date, if other than the date of fi	iling: (optional) c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207		
(If an eff Note:	ective date is listed, the date must be specific If the date inserted in this block does n	; and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as:		
docum	ent's effective date on the Department	of State's records.		
ne record ord is fil		not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the		
HU 15 111	cu.			
Datad	April 26	2022		
Dated	THE OF	2022		
	_ Signature o	of a member or authorized representative of a member		
		The Original		
		Fye Run cimau Typed or printed name of signee.		