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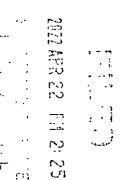
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DocuSign Envelope ID: DE37908A-0DC0-4FA2-A934-051E7DBA1BB0 **COVER LETTER** TO: **Registration Section Division of Corporations** Justin Daniels Realty LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Justin Daniels Name of Person Justin Daniels Realty LLC Firm/Company 11465 SW 242nd LN, Address Homestead, FL 33032 City/State and Zip Code justin.rocha.daniels@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Justin Daniels Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Justin Daniels Realty

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

The Articles of Organization for this Limited Liability Company w	vere filed on November 30th, 2021	and assigned	
Florida document numberL21000507962		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of the	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "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)			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
Nam Banistanad Amarka Simatum (F. Arada - Badata )	Cuy	гар Соце	
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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: DE37908A-0DC0-4FA2-A934-051E7DBA1BB0 11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

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the record specifies a del The 90th day after the			an effective tir	ne, at 12:01 a	i.m. on the earlie	er of:
Dated April 13th		2022				
Docusigned by:			- ·			
8EBDCB5B194643B	Signature of a	member or authori	zed representative o	f a member		
Justin Daniels						
- Justin Daniels		Typed or printed	name of signer	<del></del>		