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COVER LETTER

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Calle an over	ADVANTAGE LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Reible		
		Name of Person	
	Realty Advantage		
	•	Firm/Company	
	2403 Research Blvd, Suite	203	
		Address	
	Rockville, MD 20850		
		City/State and Zip Code	
	mike@realty-advantage.com	nt to be used for future annual report no	titication)
For further information of	concerning this matter, please c	•	(meanon)
Michael Reible	o and an analysis of the same of		
Name of Person		301 461-3784 at () Area Code Daytin	
Name o	of Person	Area Code Daytii	ne 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)	☐ \$60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Division of C		Registration Se	
P.O. Box 632		Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTY ADVANTAGE LLC

(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 were filed on April 7, 2022. Florida document number _____L22000168528 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: REALTY ADVANTAGE OF FLORIDA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2403 Research Blvd Enter new principal offices address, if applicable: Suite 203 (Principal office address MUST BE A STREET ADDRESS) Rockville, MD 20850 2403 Research Blvd Enter new mailing address, if applicable: Suite 203 (Mailing address MAY BE A POST OFFICE BOX) Rockville, MD 20850 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
			□Remove
			Change
			□Add
			□Remove
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Effective date, if other than the data an effective date is listed, the date must be a listed. If the date inserted in this blood document's effective date on the Dep	ick does not meet the applic	able statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
e record specifies a delayed effective rd is filed.	date, but not an effective t	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
Dated	2024		
Mens.	me.	_	
S	Signature of a member or auth	orized representative of a mem	ber

Filing Fee: \$25.00