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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	, Real E	Estate AF III, LLC.			
SUBJECT	•	Name of Lim	nited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		Eve Runc	iman		
Name of Person					
	Real Estate AF III, LLC.				
			Firm/Company		
		1541 Tagus Ave			
	Address Coral Gables. Fl 33156				
		·	City/State and Zip Code		
		eve@reaf.llc			
			to be used for future annual report notification)		
For further	information co	oncerning this matter, please co	all:		
Eve	Runciman		at (at (305_)		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:			
₩ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres egistration S		Street Address: Registration Section		
D	ivision of C	orporations	Division of Corporations		
	O. Box 632		The Centre of Tallahassee		
T.	allahassee, I	L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF		022 MAY 27	
Real Estate AF III, LLC.			IAY 2	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appeared Liability Company)	ars on our records.)	7 PM	
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on _	04/11/2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company h	<u>iere</u> :		
N/A				
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
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 offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our	records, enter the na	me of the new register	<u>~ed</u>
	N			
New Registered Office Address:		/A orida street address		
	13/112/	or man the control care		
	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Ager	•		ray conc	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	ete performance o	of my duties, and I an	n familiar with and	he

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wayne M. Rosen	1541 Tagus Ave	
		Coral Gables, Fl 33156	□ Remove
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			□Change
			□Add
			□Remove
			□Change
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l is filed.	· · · · · · · · · · · · · · · · · · ·		er or authorized repr	esentative of a m	ember	TALL WASSE	2022 MAY 27 PM

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