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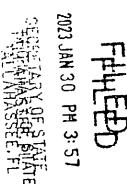
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COVER LETTER

FO: Registration So Division of Cor			
SURJECT:	15/mo 11	me ReAltors.	LLC
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BARDI	ARA GUERRA Name of Person	
		Name of Person	
		Firm/Company	
	179	4 Long Key Ra	<u>/. </u>
		Address	
	X C4	LARSO, Fl. 3: City/State and Zip Code	3037
	E-mail address: (EKRA 92 @ 6MA1 to be used for future annual report notice	L. COM
For further information (concerning this matter, please c		·
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BAKBAK	A DUCKRA	at (<u>305)</u> 38 Area Code Daytim	4-89/3
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Encloséd is a check for t	_		
√□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	me LEALTORS LLC
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 22000347323 .	mpany were filed on $A4545t 8, 2022$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
BARBARA	GUERRA, LLC
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Piorida Mreel address
	, Florida
	City Zip Code

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 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>	<u>Address</u>	Type of Action
			LJAdd
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			Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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r effe <u>te:</u>	ve date, if other than the date of filing:
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ed_	Manuary 33, 2023. Dailani Julio Signature of a member or authorized representative of a member BARBARA GUERRA
	Signature of a member or authorized representative of a member
	DARLORD HURRED
	DHICHARA CHUCKA