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R. HUNT 05/02/23

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: 25	Realty Gr	OUP LLC ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspor	ndence concerning this matter to	o the following:		
	Paola Sori	Allo Corcelli Name of Person		
	PS Really	Svoop · LL C	· · · · · · · · · · · · · · · · · · ·	?n:::::
		Street Suilo 20		64 64 64 64 64 64 64 64 64 64 64 64 64 6
	mimil F/3	City/State and Zip Code	THE STATE OF THE S	FN 3: 04
	Paola P 15 C E-mail address: (to	te. 60 be used for future annual report notific	cation)	
For further information co	oncerning this matter, please cal	l:		
Jaolu Son	Person	at (776) 413 Area Code Daytime	- 678 /	<del>_</del>
			·	
Enclosed is a check for the	e following amount:			
र्ची \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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

iability Company as it now appears on our records.) Florida document number \_ L Z Z DOO 34 83ZZ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New 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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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