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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CILONA REAL ESTATE HOLDINGS LLC

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### **COVER LETTER**

TO:	Registration Se Division of Cor			
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

#### From: Rajiv Srivastava

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CILONA REAL ESTATE HOLDINGS LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our reco- limited Limbility Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number 1.22000398203	onipany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation 'L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		8
Enter new mailing address, if applicable:		2024 MO1
(Mailing address MAY BE A POST OFFICE BOX)		0V 7
		S PP
B. If amending the registered agent and/or registered agent and/or the new registered office addre		rds, enter the name of the nev
		30
Name of New Registered Agent:	4, 41	
New Registered Office Address:	Enter Florada street ada	revi
		Florida
	City	Zip Cock

#### 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

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

Title	Name	Address	Type of Action
AMBR	American IRA LLC	135 Broad Street, Asheville, NC 28801	
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Page 3 of 3

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