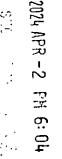
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
OUD ID OT		EAL ESTATE LLC	
SUBJECT:	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:	
		MARK CASTLEY	
	<u> </u>	Name of Person	
	THE NETWO	ORK REAL ESTATE BROK	ERS LLC
	· · ·	Firm/Company	
	8130	GLADES ROAD. #338	
		Address	
	В	OCA RATON, FL, 33433	
		City/State and Zip Code	
		.RK@MARKCASTLEY.CO	
	E-mail address: (to be used for future annual repo	ort notification)
For further information of	oncerning this matter, please c	all:	
SELMA Z	OLLMAN	301	806-0934
Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section		on Section
Division of C P.O. Box 632	-		of Corporations e of Tallahassee
Tallahassee,			Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISE UP REAL E		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on09/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
THE NETWORK REAL	ESTATE BROKERS LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	8130 GLADES ROAD, #338	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL, 33433	
Enter new mailing address, if applicable:	8130 GLADES ROAD, #338	DI APR
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL, 33433	2 17
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ن <u>ن</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	53. 1.3	
	, Florida	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 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
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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		 	□Add
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. If amending any other inform		, <i>g</i>	,
			
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to do block does not meet the applicable	ate of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3 , this date will not be listed as th
the record specifies a delayed effec cord is filed.	tive date, but not an effective time,	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated MARCH 28	, 2024		
	Salano		
	Signature of a member or authorize	d representative of a member	
	SELMA ZOI		
	Typed or printed na	ame of signee	

Filing Fee: \$25.00