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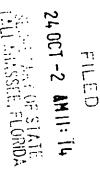
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:]
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Office Use Only



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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

COVER LETTER

SUBJECT: _		THE NETWOR	RK REAL ESTATE BRO	OKERS LLC	
		Name of Lim	ited Liability Company		
The enclosed A	Articles of Ai	mendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspond	lence concerning this matter	to the following:		
			MARK CASTLEY		
			Name of Person		
		THE NET	WORK REAL ESTATE	BROKERS LLC	
Firm/Company 8130 GLADES ROAD, #338 Address					
					
		1	BOCA RATON, FL 334	33	
City/State and Zip Code				 	
			ARK@MARKCASTLE		
			o be used for future annua	I report notification)	
For further info	rmation con	cerning this matter, please ca	ill:		
SELMA ZOLLMAN		301 806 - 0954 at ()			
	Name of P	erson	Area Code	Daytime Teleph	one Number
,		following amount:			
໘ \$ 25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address: stration Se	ction	Street A	address: ration Section	
	sion of Cor			on of Corporation	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATE BROKERS LLC	
ny as it now appears on our records.) Liability Company)	
were filed on	and assigned
ility company here:	
lity Company," the designation "LLC" or t	
8130 GLADES ROAD, #338	<u> </u>
BOCA RATON, FL 33433	No F
	7 20
8130 GLADES ROAD, #338	
BOCA RATON, FL 33433	
address on our records, enter the	name of the new registered
Enter Florida street address	
, Florid:	
City	Zip Code
	ility company here: Straight

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

dotkop signature verification: dtb.ssv.ePEO-48C2-87-y

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
PTR	Mark Richards	8130 GLADES ROAD, #338 BOCA RATON, FL 33	34 ≡ Add
			□Remove
			_ Change
PTR	Rob O'Brien	8130 GLADES ROAD, #338 BOCA RATON, FL 3.	
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
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			Change
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			□Remove
			□Change

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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	: must be specific and cann is block does not meet t	ot be prior to date he applicable si	of filing or more th	(option an 90 days after fil airements, this d	ing.) Pursuant to 605.	.0207 (ed as t
e record specifies a delayed efford is filed.	ective date, but not an el	ffective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after	r the
September 17 Dated)24				

Filing Fee: \$25.00

Typed or printed name of signee