Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION GOT YOUR SIX REALTY LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$105.00 |

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

| TO: Registration So Division of Cou | | | | |
|--|--|---|---|--|
| | R SIX REALTY LLC | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspo | ondence concerning this matter t | to the following: | | |
| | Mike Town | | | |
| | - | Name of Person | | |
| | Legalzoom.com, Inc. | | | |
| Firm/Company | | | | |
| | 9900 Spectrum Dr | | | |
| | | Address | | |
| | Austin, TX 78717 | | | |
| | | City/State and Zip Code | | |
| | egotyoursixrealtylle@icloud | l.com o be used for future annual report notil | (cation) | |
| For further information of | concerning this matter, please ca | • | ication) | |
| Mike Town | | 800 773-0888 at () | | |
| Name c | of Person | Area Code Daytimo | e Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GOT YOUR SIX REALTY LLC | |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | nny as it now appears on our records.) Liabihiy Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000425013</u> . | were filed on 10/03/2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "ELC" or the abbreviation "L.E.C." |
| Enter new principal offices address, if applicable: | 11512 Viani Ter |
| (Principal office address MUST BE A STREET ADDRESS) | Palmetto, FL - 34221 County- Manatee |
| | |
| Enter new mailing address, if applicable: | 11512 Viani Ter |
| (Mailing address MAY BE A POST OF FICE BOX) | Palmetto, FL - 34221 County- Manatee 25 |
| | Ü A |
| | 5 |
| B. If amending the registered agent and/or registered of | |
| egistered agent and/or the new registered office address her | ē: co |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida |

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

, Page: 5 of 6 2025-01-06 13:34:39 PST LegalZoom.com, Inc From: Abhishek Thakudia

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

To:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| AMBR | Brinda, Craig | 11512 Viani Ter | |
| | | Palmetto, FL - 34221 County- Manatee | |
| | | | □ Remove |
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| Đ. | , Page: 6 of 6 If amending any other information, 6 | enter change(s) here: (A | tach additional sheets, if necessary.) | |
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| E. | Effective date, if other than the date | of filing: | (optional) | |
| | (If an effective date is listed, the date must be specified.) If the date inserted in this block do | ecific and cannot be prior to date ses not meet the applicable s | of filing or more than 90 days after filing.) Pursu tatutory filing requirements, this date will no | ant to 605.0207 (3)(b) of he listed as the |
| | document's effective date on the Departm | ent of State's records. | | |
| | | | | |
| If | the record specifies a delayed effe | ctive date, but not an | effective time, at 12:01 a.m. on th | e earlier of: |
| (b) |) The 90th day after the record is | filed. | | |
| | 06/01/2025 | | | |
| | Dated | · | | |
| | /S/ Craig Brinda | | | |
| | | ure of a member of authorized | representative of a member | |
| | | | | |
| | Craig Brinda | | | |

Page 3 of 3

Filing Fee: \$25.00