

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: Registration Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Co	rporations			
REAL AS	SET GROUP LLC			
SUBJECT:	Name of Lin	mited Liability Company		
The analoged Amiological	S.A			
	f Amendment and fee(s) are su	_		
Please return all corresp	ondence concerning this matter	r to the following:		
	ANIBAL QUINTAO			
		Name of Person		
		Firm/Company		
	3927 N FEDERAL HWY			
		Address		
	POMPANO BEACH, FL	33064		
	EACLIENTS@GMAIL.CO	City/State and Zip Code		
	E-mail address: (to be used for fisture annual report no	titication)	
For further information of	oncerning this matter, please c	all:		
ANIBAL QUINTAO		561 929-6899 at ()		
Marie p	f Person	Area Code Dayur	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S	Section	Street Address: Registration Se		
Division of C P.O. Box 632		Division of Cor The Centre of 1		
Tallahassec, F			e Street, Suite 810	

TO ARTICLES OF ORGANIZATION REAL ASSET GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/14/2022 Florida document number L22000443882 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

ARTICLES OF AMENDMENT

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 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>	Name	Address	Type of Action
MGR	SABRINA ALMEIDA PASSOS	9105 CARRINGTON AVE PARKLAND, FL 33076	
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			_ EAdd
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Signature of a member or authorized representative of a member	Dated		2022	<u> </u>			
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Filing Fee: \$25.00