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11/21/23--01026--024 **25.08

COVER LETTER

Division of Corporations YOUR HOME SOLD GUARANTEED REALTY-KLING GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID BYCK Name of Person REPTAX PROFESSIONALS LLC Firm/Company 8401 LAKE WORTH RD Address LAKE WORTH, FL 33467 City/State and Zip Code DAVE@REPTAXPRO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID BYCK Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR HOME SOLD GUARANTEED REALTY-KLING 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 $\frac{04/11/23}{2}$ and assigned Florida document number 1.23000180068 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 "L.L.C." 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

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.

City

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>	<u>Address</u>	Type of Action
MGR	ERNEST C. VAN GLAHN	6747 LAND O'LAKES BLVD	□Add
		LAND O'LAKES, FL 34638	≣Remove
			□Change
MGR	JANICE STRICKLAND	5152 WHITMIRE RD	■Add
		GAINSVILLE, GA 30506	□Remove
			□Add
			Change
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ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Depa	specific and cannot be pri does not meet the appl	or to date of filing or mo icable statutory filing	re than 90 days after fil	ing.) Pursuant to 605,020
record specifies a delayed effective da Lis filed.	ate, but not an effective	time, at 12:01 a.m. of	n the earlier of: (b)	The 90th day after the
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