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1023 OCT 2 / AM 9: 30 SECRETARY OF STATI

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COVER LETTER

	tion Section of Corporations	,	
Rea	hy-Core, LLC		
SUBJECT:	Name of 1.	annted Liability Company	_
The enclosed Arti	eles of Amendment and fee(s) are s	submitted for filing.	
Please return all c	orrespondence concerning this matt	ter to the following:	
	Lee Sherrock		
		Name of Person	
	Realty-Core, LLC		
		Firm/Company	<u> </u>
	7901 4th St N, Suite 140	855	202 SE
		Address	- ACR. 30 .
	St. Petersburg, FL 3370	2	T 2/1
	City/State and Zip Code		PY OF
	lee@realty-core.com	s: (to be used for future annual report notification)	AH 9
For further inform	nation concerning this matter, please		2023 OCT 2/1 AM 9: 30 SECRETARY OF STATE TALLAHASSEE, FL
Lee Sherrock		352 717-4363	
	Name of Person	Area Code Daytime Telephone Numl	ber
Enclosed is a chec	ck for the following amount:		
■ \$25 00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed:
Registra Divisio	Address: ation Section n of Corporations ox 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Realty-Core, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record ability Company)	<u>d</u> .)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.23000269168</u>	were filed on 6/2/2023	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:	2023 I SEC TA
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLG	C" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:		2.5
(Principal office address MUST BE A STREET ADDRESS)		SS
		9: 31 E.FLE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	
	, Florida	
	Ciù	Zip Cocle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
MGR	Malloree Pontzius	7901 4th St N, Suite 14855	□Add
		St. Petersburg, FL 33702	■Remove
			UChange
			□Add
		.	□Remove
			500 23 0CJ
			HASSON
			STEChange
			□Remove
			☐Change
			□Remove
			☐ Change
			ПРетисуе
			□Change

		
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Effective date, if other than (the date of filing:	(optional)
Note: If the date inserted in this	s block does not meet the applicable statutory filing rec	han 90 days after filing.) Pursuant to 605,0207 (3X) juirements, this date will not be listed as the
document's effective date on the	e Department of State's records	
		P 2 15 99 654 1 2 1
	ctive date, but not an effective time, at 12:04 a m, on th	e earlier of: (b) The 90th day after the
rd is filed.		e earlier of: (6) The 90th day after the
rd is filed.		e earlier of: (6) The 90th day after the
rd is filed.	2023 Signature of a member or authorized representative of a	

Filing Fee: \$25.00