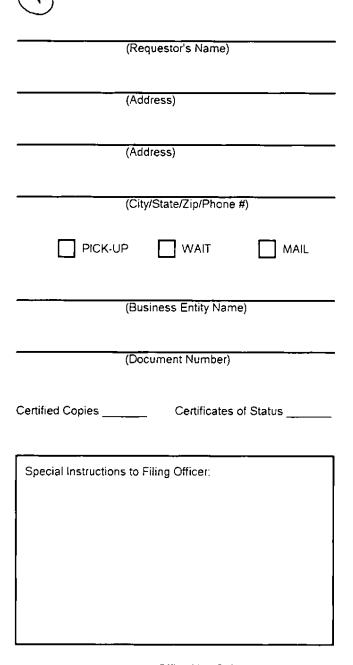
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SEGREDARY OF STATE TALLAHASSEE, FI

FILED

COVER LETTER

TO: Registration So Division of Cor		÷	•
SUBJECT: Rec	U Girl Homes L Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Oeisy</u>	Rodriguez Name of Person	
	Real Gi	rl Homes LLC Fim/Company	
	800 S Fi	g Tree LN Address	
	Plantation	FL 33317 City/State and Zip Code	
	E-mail address: (1	olgin/homes.com	fication)
For further information c	concerning this matter, please ca		
Deisy Rome of	odrigueZ of Person	at (786) 216 - 2 Area Code Daytime	2873 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 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

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on oited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp.	oany were filed on <u>Aug∪</u>	st 04, 2023 and assigned	
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
inter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u>s)</u>	2	
		2	
		ZEURET/ PALLA	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		The second secon	
		57	
J. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	

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

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> 82%	Address	Type of Action
AMBR		800 S Fig Tree LN Plantation FL, 333	M MAdd
			Remove
			□Change
AMBR	Linda Palacios 18%	7040 sw 16th St Plantation Fl 33	557 조 Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
	•		□Change
			□ Add
		•	□Remove
			□Change

						
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ffective date, if other than					(optional)	
an effective date is listed, the date lote: If the date inserted in thi						
ocument's effective date on th				ming requiremen	itis, this date will h	of oc fished as i
record specifies a delayed effe	ctive date, but n	ot an effective	e time, at 12:01 a	.m. on the earlie	r of: (b) The 90th	day after the
t is filed.						•
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ated 12 /5 /2023		_:				
Pated 12 /5 /2023		_·	·			
lated 12 /5 /2023	Dost	Ladrigue	ulhorized represent			