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COVER LETTER

TO:

Registration Section Division of Corporations

THE REAL SUBJECT:	DEAL 305 LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARILYN SANCHEZ		
		Name of Person	_
		Firm/Company	_
		Address	_
		City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	2021
For further information co	oncerning this matter, please c	all:	
MARILYN SANCHEZ		786 6583394 at ()	2024 JAN 12
Name o	(Person	at () Area Code —— Daytime Telephone Numb	PH 2: 53
Enclosed is a cheek for th	e following amount:		· FE 3
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, I	1. 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE REAL DEAL 305 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 12/22/2023 _____ and assigned Florida document number 1.24000001690 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 reg agent and/or the new registered office address here: 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 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
AMBR	MARILYN SANCHEZ	1284 W 38TH PL HIALEAH FLORIDA 33012	= Add
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on effective date is listed, the date must be spe ote: If the date inserted in this block do becoment's effective date on the Departm	es not ir	neet the	applicab	date of filii le statutor	ng or more y filing re	than 90 đa equiremet	ys after filin its, this dat	g.) Pursuaffi e will not	fto 605.0 be listed
	but not	an effec	ctive time	e, at 12:01	La.m. on	the earlie	rofi (h) - T	he 90th da	ay after t
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