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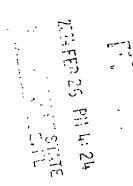
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Paris	Duniap reatto	r /C ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Paris Dunlag	Name of Person		
	0.5.	Firm/Company		
	251 C juison	Address Address		
	Pontiac, mi	49342		
	Ports duntapates	O W O MOUL C OUT	lication)	
For further information co	ncerning this matter, please ca			(*) -2
Poris Dur	nlap	at (248) 980 - (8228	- 25 - 25
Name of Enclosed is a check for the		Area Code Daytime	e Telephone Number	70
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contact (additional coperations)	of Status &
Mailing Address:	<u>.</u>	Street Address:	<u>.</u>	

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

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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

' Paris Dunlan Realt	or 1/c	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>レンリの00多の</u> を	Company were filed on TOVUNTY 14th, 2014 and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here: nited Liability Company," the designation "LLC" or the abbreviation "I	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L	ic."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the ne) w registered
agent and/or the new registered office address here:		<u>;</u>
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		2 2.
New Registered Office Address:		
	Enter Florida street address	
	City Zip Code	

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 <u>T</u>	Type of Action
			_□Add
			_□Remove
			_ []Change
			_ 🗆 Add
			_ □Remove
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		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	□Remove
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If amending any other information, enter change(s) here: (Atta	.,
	
 	
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	ing e
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date o Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuarit to 605.0207
e record specifies a delayed effective date, but not an effective time, at 1 rd is filed.	
Dated February 19 th 2024 Signature of a member or authorized rep	
2	
Mr. Mesali	

Typed or printed name of signee