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## **COVER LETTER**

	Registration Sect Division of Corpo			
CUBIRA		MES REALTY LLC		
SORIFC	T:	Name of Limite	ed Liability Company	
The enck	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspond	lence concerning this matter to	the following:	
		JULIE VITALE		
			Name of Person	
		VITALE HOMES REALTY	/ LLC	
			Firm/Company	
		3600 GALILEO DRIVE SU	JITE 103	
			Address	<del> </del>
		TRINITY FL 34655		
		. = 110 - 7	City/State and Zip Code	<del></del>
		JVITALE.TTC@GMAIL.CO		
		E-mail address: (to	be used for future annual report notifi	ication)
For furth	er information con	cerning this matter, please cal	l:	
	Sul, Name of P	NHale Person	at () 858-7721 Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
≘ \$25.0	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)

and the second

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALE HOMES REALTY LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
the Articles of Organization for this Limited Liability Company	were filed on APRIL 15, 2024	and assigned
lorida document number L24000177540		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		J. J.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ं ं
		00
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	laZip Code
	City	гир Соше

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>	<u>Address</u>	Type of Action
SEC	Dane Ayers	3600 Galileo Drive Suite 103	<b>=</b> Add
		Trinity, FL 34655	□Remove
			□Change
P/MGR	Michele Vitale	3600 Galileo Drive Suite 103	□Add
		Trinity, FL 34655	□Remove
		<del></del>	■Change
VP/MGR	Julie Vitale	3600 Galileo Drive Suite 103	□Add
		Trinity, FL 34655	□Remove
			Change
···			□Add
			□Remove
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			JULY 29, 20	024		
	date if other the	n the date of filit	ng:		(option re than 90 days after fi	<b>1al)</b> ling ) Pursuant to 605 0207.
Effective If an effecti	ve date is listed, the da			31 21	and the second second	
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