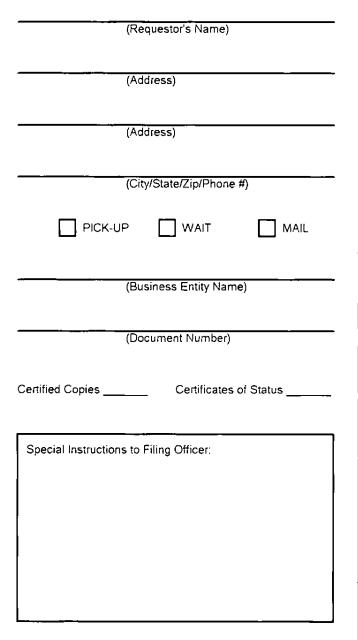
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: The Rea	Estate Bae LLC		
		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:	
	Katarina Umicevic		
		Name of Person	
	The Real Estate Ba	e LLC	
		Firm/Company	
	6313 CLEVELAND S	Г	
		Address	
	Hollywood, FL 3302	4	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	katapett@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Katarina Umicevic		at (305) 934-9194	
Name o	of Person		ne 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Real Estate Bae LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compan)	<u>pears on our records.</u>) 1y)
The Articles of Organization for this Limited Liability Company were filed on	04/26/2024 and assigned
Florida document number L24000195708	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> ;
Florida Real Estate Bae LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2024 MAY
	i i i i i i i i i i i i i i i i i i i
Enter new mailing address, if applicable:	<u>}</u>
(Mailing address MAY BE A POST OFFICE BOX)	E E E
	<u> </u>
B. If amending the registered agent and/or registered office address on ou	ir records, enter the name of the new register
agent and/or the new registered office address here:	
Nama of Nav. Pacietarad Avant.	
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>	Address	Type of Action
			□Adċ
			□Remove
			□Change
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗀 Add
		<u> </u>	□Remove
		 	□Change
			
			□Remove
			□Change
			□Add
		 	□Remove
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f an effe Note:	ve date, if other than the date of filing:
record d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	05/06/2024
,	1 1 / ex de les les
,	Signature of a member or authorized representative of a member

Filing Fee: \$25.00