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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| Danielle H SUBJECT: | all Realtor, LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Danielle Marie Hall | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 257 Bay Drive | ا الله الله الله الله الله الله الله ال | |
| | | Address | |
| | Key Largo, FL 33037-242 | 5 | |
| | | City/State and Zip Code | |
| | dani@danihallflkeys.com | | |
| | E-mail address: (| to be used for future annual report notification) | • |
| For further information of | concerning this matter, please c | all: | - 1 |
| Danielle Marie Hall | | 86-4 706-7359 at () | |
| Name o | of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | e of Status & |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Damelle Hall Realtor, LLC | | |
|---|---|------------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our re a Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability C | | and assigned |
| Florida document number 1.24000198217 | <u></u> · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| Danielle Marie Hall, LLC | | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADDI | RESS) | <u> </u> |
| | | • |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | , Cu |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, e | nter the name of the new register |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| <u></u> | | Florida Zip Code |
| | 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 Changing Registered Agent, Signature of New Registered Agent

•If antending 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 |
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| Date: If the date inserted in this block does not meet t | ot be prior to date | e of tiling or more th | (option an 90 days after fil uirements, this d | al) ing.) Pursuant to 605.02 ate will not be listed |
| ocument's effective date on the Department of State's | | ,g | | |
| record specifies a delayed effective date, but not an el is filed. | fective time, a | t 12:01 a.m. on th | e eartier of: (b) | The 90th day after th |
| May 18 , 20 | | | | |
| ,,, | 2-4 · | | | |
| Edui Elli M. Llull Signature of a memb | · | representative of a | member | |