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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : QIAN LIU CPA PLLC
Account Number : I20210000144
Phone : (972)467-4308
Fax Number : (888)471-5695

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Qian.liu.cpa@31Accounting.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
31 REALTY PROPERTY MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 10 2021

S. PRATHER

2021 SEP -9 PM 4:34

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 SEP -9 AM 10:55

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 31 Realty Property Management LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dian Liu

Name of Person

Dian Liu CPA PLLC

Firm/Company

1774 W McDermott Dr. Ste 100

Address

Allen, TX 75013

City/State and Zip Code

Dian. Liu. cpa @ 31 Accounting, net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dian Liu

Name of Person

at (972) 467-4308

Area Code & Daytime Telephone Number

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: _____

31 Realty Property Management LLC

Enter new principal office 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)

1774 W McDermott Dr. Ste 100

Allen, TX 75013

2. The Florida document number of this limited liability company is: _____

M 21000008477

3. Jurisdiction of its organization: _____

Texas

4. Date authorized to do business in Florida: _____

6/29/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

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

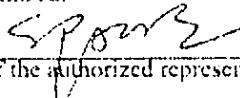
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Michael Campbell	1133 Clinging Vine Place	<input type="checkbox"/> Add
		Winter Springs, FL 32708	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Xiaoming Shao.
Typed or printed name of signer

Filing Fee: \$25.00

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