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R. WHITE.

COVER LETTER

ARES REA	AL ESTATE SERVICES, LLC		
SUBJECT:	Name of Lim	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:	
	Daisy King .	.# \	
		Name of Person	
	ARES Real Estate Service	s, LLC / Vesta Property Services, In	ic.
		Firm/Company	
	245 Riverside Avenue, Sui	ite 250	
	-	Address	<u></u>
	Jacksonville, FL 32202		
	dking@vestapropertyservic	City/State and Zip Code es.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please e	all:	
Daisy King		904 355-1831	
Name c	of Person	at () 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	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	No abbaba		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

ARES REAL ESTATE SERVICES, LLC

2019 AUG 13 PM 1: 16

1/1/2/2010

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	iy were filed on 47197	and assigned
Florida document number L19000107622		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here	:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices 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)	245 Riverside Ave	nue, Suite 250
	Jacksonville, FL 3	2202
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		ur records. <u>enter the name of the</u>
New Registered Office Address:	Enter Florida	street address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 ac or removed from our records:

. . .

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David K. Surface		
		245 Riverside Avenue, Suite 250	
		Jacksonville, FL 32202	■ Remove
			Change
MGR	Jeffrey D. Sausaman	6110 NW 1st Place, Suite B Gainesville, FL 32607	■ Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			
		-	☐ Remove
			Change
			☐ Remove
			☐ Change

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Effective date, if other than to fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and cannot block does not meet the	be prior to date of filing applicable statutory	or more than 90 days aft	tional) er filing.) Pursuant to 605.0207 nis date will not be listed as
e record specifies a delay The 90th day after the r		out not an effecti	ve time, at 12:01	a.m. on the earlier of
ated August 9	2019) ·		
	*			
v	Signature of a member	or authorized represent	ative of a member	
David K. Surface				
	Typed	or printed name of sign	ee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00