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## **COVER LETTER**

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		Patricia J Visconti				
			Name of Person			
		Grande Realty Group, LLC				
			Firm/Company			
Division  Gra CT:  closed Articleturn all contents  her inform  J. Viscon		4917 Hidden Springs Blvd.				
			Address			
		Orlando, Fl. 32819				
		City/State and Zip Code				
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J. Vi	sconti		407 234-8426 at ( )			
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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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grande Realty Group, LLC			
( <u>Name of the Lin</u>	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)  vany)	
The Articles of Organization for this Limited Florida document number 1.07000086523	Liability Company were filed o	on 08/22/2007 and assigned	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compar	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	2028	
		<u> </u>	
Enter new mailing address, if applicable:		HAS ±	2500
(Mailing address MAY BE A POST OFFICE			
		FE 3	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o ess here:	our records, enter the name of the new regis	stered
Name of New Registered Agent:	Patricia J. Visconti		
New Registered Office Address:	4917 Hidden Springs Blvd.		
	Enter	r Florida street address	
	Orlando	Florida 32819	
	Ciŋ <sup>,</sup>	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 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
MGR	John R. Asp	4917 Hidden Springs Blvd., Orlando, Fl. 32819	<b>≣</b> ∆dd
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Signature of a member or authorized representative of a member	September 30	2020		
Signature of a member or authorized representative of a member	$\bigcap$	No. 10		
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