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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

<u>...</u>

5

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used Fannual report mailings. Enter only one email address Aleas Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN, STEELBRIDGE REAL ESTATE SERVICES, ÜLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Taylor Seay 8004323622

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2013 DEC -9 51

12013 DEC -9 P \$ 51 Ð STEELBRIDGE REAL ESTATE SERVICES, LECTION OF STATE OF STATE SERVICES, LECTION OF STATE OF STA (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 Company were filed on $\frac{07/13/2009}{1}$ ____ and assigned Florida document number L09000067294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SQUARE2 REAL ESTATE SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office 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

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

Page 1 of 3

Taylor Seay 8004323622

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Кепюче
			Change
			Add
			☐ Remove
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	uding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 lif the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated .	December 6, 2019.
Dated	December 6, 2019. While the sum of a trember or authorized representative of a member. Signature of a trember or authorized representative of a member.
Dated :	Muchellum

Filing Fee: \$25.00

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