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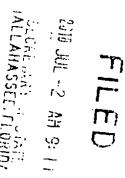
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## **COVER LETTER**

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то:	Registration Division of C			
CUBI		al Estate, LLC		
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		Chad Brinks		
		***************************************	Name of Person	
		N/A		
			Firm/Company	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		2032 Sunset Meadow D	г	
			Address	<del></del>
		Clearwater, FL 33763		
			City/State and Zip Code	
		cbrinks@gmail.com		Trie or s
For fur	ther information	n-mair address: (	to be used for future annual report	nonneation)
727-4	60-0848		727 460-084 at ()	. <del>-</del>
	Name	e of Person	Area Code Da	ytime Telephone Number
Enclos	ed is a check for	the following amount:		
<b>■</b> \$2:	5.00 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)

MAILING ADDRESS:

· TO:

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

TOR Real Estate, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number L10000117474		were filed on 11/10/201	0 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
Brinks Real Estate Solutions, LiC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE.	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of the second secon	l/or registered of	fice address on our r	ecords, enter the name of the n		
Name of New Registered Agent:	N/A	-			
New Registered Office Address:					
		Enter Florida stree	t address		
		City	, Florida Zip Code		
New Registered Agent's Signature, if changing	Pagistared Agents	Ciù	гар Соце		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the	ed agent and agr per and complete istered agent as p	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
N/A			
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			Change
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ective date, if other than the date effective date is listed, the date must be if the date inserted in this block ement's effective date on the Department.	does not meet the app	licable statutory fi	r more than 90 days after fili ling requirements, this da	ng.) Poorsuant to.	<b>.69</b> 5.0
ecord specifies a delayed ef ie 90th day after the record	ffective date, but r d is filed.	not an effective	e time, at 12:01 a.m	n. <b>on</b> the ea	ırlie
June 27th	2018	<u></u> .			
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Page 3 of 3

Filing Fee: \$25.00