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JUN 15 2020

R. WHITE JUL 0 9 2000

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:		or Realty of Port St. Lucie, LLC		
SOBJE.C1;		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nicole Ottaviani		
			Name of Person	<del>'                                    </del>
		Posess, Kolbert & Strauss,	PLLC	
			Firm/Company	
		4455 Military Trail Suite I	02	
			Address	
		Jupiter, FL 33458		
		nicole@patchreeftitle.com	City/State and Zip Code	
		- ·	to be used for future annual report no	tification)
For further in	ifòrmation c	oncerning this matter, please c	all:	
Nicole Ottav	/lani		561 296-8504	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$25.00</b> F	iling Fee	S30.00 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)
Reg	iling Addres gistration S vision of C		<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 15 1 9:26

Safe Harbor Realty of Port St. Lucie, LLC (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  $\frac{01/02/2012}{1}$ and assigned Florida document number L12000003069 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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 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

## 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.

City

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>	Name	Address	Type of Action
MGR	Michael Brue	4455 Military Trail Suite 102	□AJd
		Jupiter, FL 33458	≅Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□Change
			DAdd
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep.	e specific and eannot be k does not meet the a	prior to date of filing pplicable statutory	or more than 90 days at	<b>tional)</b> ter filing.) Pursuant to 605.02 his date will not be listed	.07 (3 as th
record specifies a delayed effective of is filed.	late, but not an effect	ive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after th	ie
Dated June 11	2020				
Si	gnature of a member or	authorized representa	tive of a member		

Filing Fee: \$25.00