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COVER LETTER

TO:	FO: Registration Section Division of Corporations				
SUBJE	сст:	-, ., .	RBAN REACTY LL ited Liability Company	<u>.</u>	
		endment and fee(s) are sub	•		
ricase i	return an corresponde	nce concerning this matter	to the following:		
	-	h	Name of Person		
	-		ORANDO ORBAN (enty ue.	
			Firm/Company		
		25 Wes	of Christin Lakes	T # 157	
			Address		
		ORUS	400 FL 32806		
	-	Olus	City/State and Zip Code		
	_	BLOKER @ 4	to be used for future annual report notificat		
		E-mail address: (to be used for future annual report notificat	10 n)	
For furt	ther information conce	erning this matter, please ca	all:		
	MURRAY	COLELAN	at (352) 400	1511	
Name of Person		Area Code Daytime Te	lephone Number		
Enclose	is a check for the fo	ollowing amount:			
□ /\$ 25	5.00 Filing Fee C	□ \$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 Registration	ADDRESS:	STREET/COURIER Registration Section	ADDRESS:	

Division of Corporations

Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

$\bigcirc 0$ \triangleright	. 1	$Q_{\bullet,\bullet}$			
(Name of the Limited Liability Compa	AN nv as it nou	Texto	- · •	- C ·	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Cor	npany)	<u> </u>		
The Articles of Organization for this Limited Liability Company Florida document number 1200012728	were filed	I on	16/17	and assi	gned
Profita document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility comp	xany here:			
The new name must be distinguishable and contain the words "Limited Liabili	lity Compan	y," the design	nation "LLC" or	the abbreviation "L.I	C."
Enter now principal offices address if applicable			·		0
					- <u>₹</u> -
Frincipal office dauress MOST BE A STREET ADDRESS	··· -		.=	<u> </u>	- 夏 雷 -
					# <u>#</u>
				-0	
Enter new mailing address, if applicable:		 		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	•			1.9	<u> </u>
				~	<u> </u>
		ress on ou	ır records, <u>e</u>	nter the name o	of the nev
Name of New Registered Agent:	,				 -
New Registered Office Address:					
	E	nter Florida :	street address		
			, Florid	la	
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 registered agent and/or the new registered office address here: Name of New Registered Agent:					
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>	Address	Type of Action
AMRR	DEIDRE GRAYBILL	25 WEST CRYSTAL YAKE 57	\dd
		Orumoo, Fr 32806	Remove
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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ffective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P	umaiont to 605 020	07
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date with a effective date on the Department of State's records.		
ocumen	is effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier (of:
	Oth day after the record is filed.		
Dated	9/10 18		
	Signature of a member or autiliarized representative of a member		
	Na 10 a A 14 a 6 a - 1		
	MURLAY COUTHUN Typed or printed name of signee		

Page 3 of 3

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