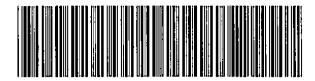
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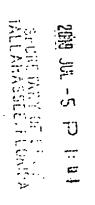
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COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC	Schmidt RI	Eal Estate Florida - Morris, LL	С			
SUBJEC	. I :	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	_			
		Deborah M. Cortissoz				
			Name of Person			
		Schmidt Family of Compa	nies			
			Firm/Company			
	Schmidt Family of Companies					
			Address			
		Port Charlotte, FL				
		deb.cortissoz@cbsmfl.com	City/State and Zip Code			
		E-mail address: (to be used for future annual rep	port notification)		
For furthe	er information c	oncerning this matter, please ca	all:			
Deborah	Cortissoz		941 255-7	7231		
	Name o	f`Person	at () Area Code	Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & Opy	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Bui	Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Schmidt Real Estate Florida - Morris, LLC

(Name of the Limited Liability Company as it now appears on our records.) UL -5 P : Li

The Articles of Organization for this Limited Liability (Commons word filed on 02/1	9/2013 TALL AND COLUMN STATE
		iAll Min 55th, and assigned
Florida document number L13000025926		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or regi	stared office address on	our records ontox the name of the name
registered agent and/or the new registered office add		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of n igent as provided for in Ch ed office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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
MGRM	Schmidt Real Estate, Inc	522 E Front St	Add
		Traverse City, MI 49686	■ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
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			Change
		-	Add
i			□ Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 days		
he record specifies a dela The 90th day after the r			ot an effective	time, at 12:()1 a.m. on the	earlier of:
Dated		2019				
Scholah ?	4 Corte	so - au	thoused.	Sepresenta	live	
1	Signature of a	member or auth-	orized representati	ve of a member		
	•					

Page 3 of 3

Filing Fee: \$25.00