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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Sealey Rea Name of Line	Estate S ited Liability Company	plutions L.L.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Be	Name of Person	ey
		Firm/Company	
	1245 Ce	lar Center	- DC
	TH.	FL 3230:	1
	E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	M. Com titication)
For further information co	oncerning this matter, please ca	all:	
Bion Name of	Sealey	at (850) 210 Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
☑\$25.00 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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

nited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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

, Florida

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
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			□□Remove
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ective date, if other than	the date of filing:		(optional)	
			or more than 90 days after filing. Iling requirements, this date	
rument's effective date on t			ing requirements, and out	Will the training the
cord specifies a delayed eff s filed.	ective date, but not an eff	ective time, at 12:01 a.	m, on the earlier of: (b) Th	e 90th day after the
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ed Jan.	1 - 2	220		
	Signature of a member Briang Types	r or authorized representa	tive of a member	