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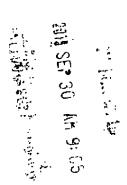
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Sec Division of Cor			
CUBIE		state Group, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
				و الم
		Amendment and fee(s) are sub		
Please ret	turn all correspo	ndence concerning this matter	to the following:	•
		Brad Bartlett		
			Name of Person	
		North River Realty, LLC		
			Firm/Company	
		4134 29th St. E.		
			Address	
		Palmetto, Fl. 34221		
			City/State and Zip Code	
		bbartlett@northriverfl.com	to be used for future annual report notific	ention)
For furths	er information co	oncerning this matter, please of		, and it
Brad Bar			727 412-5997	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	CLES OF ORGANIZATION OF	and assigned
Nest Real Estate Group, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	oility Company were filed on 02/24/2014	and assigned
Florida document number L14000030575	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
North River Realty, LLC		
The new name must be distinguishable and contain the work	ls "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	ŀ	Horida
	Cuy	Zıp Code

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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		1	Add
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Fective date, if other than the dan effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	e specific and k does not	id cannot be pri- meet the appl	icable statuto			ling.) Pursuant to	
e record specifies a delayed The 90th day after the reco			ot an effe	ctive time, a	ot 12:01 a.	m. on the ea	arlier of
September 25		2019					
Budley W	Gardienature of a	member or au	horized repres	entative of a me	niber		_

Page 3 of 3

Filing Fee: \$25.00