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COVER LETTER

TO: Registration Section **Division of Corporations**

ADDISON RESERVE REALTY, LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
rease return an correspo	midence concerning this matter	to the following.	
	Kristen King Jaiven		
		Name of Person	
	The Signature Real Estate	Companies	
		Firm/Company	
	901-C Clint Moore Road		
		Address	
	Boca Raton, FL 33487		
		City/State and Zip Code	
	kristen@quadcompanies.co		
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
Kristen King Jaiven		561 300-6921	
		at ()	
Name o	f Person	at ()	Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADDISON RESERVE REALTY, LLC

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(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000088235</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ADDISON REALTY, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6699 North Federal Highway; Suite 103
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip 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 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
			Remove
		 	□Change
			Remove
			☐ Change
			□Add
			Remove
			□Change
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			□Remove
			□Change
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			□Remove
			□Change

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Effect	ive date, if other than the date of filing:
f an et Note:	lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	nent's effective date on the Department of State's records.
	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	led.
	August 6 2020
Dated	16 Mm M
Dated	Signature of a member or authorized representative of a member