U50000 46494

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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COVER LETTER

TO: Registration S Division of Co				
TUCKER	REAL ESTATE EQUITY GRO	OUP LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARSHA SIHA			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249 S	STE 220		
	<u> </u>	Address		
	HOUSTON, TX 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code M		
	E-mail address: (to be used for future annual	report notificat	on)
For further information	concerning this matter, please ca	ali:		
MARSHA SIHA		855 829 at ()	9-9090	
Name	of Person	Area Code	Daytime Tel	lephone Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registrat Division Clifton B	F/COURIER ion Section of Corporatio Building	ns

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUCKER REAL ESTA	TE EQUITY GROUP LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L15000046494	ny were filed on 03/16/2015	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "t. L. C."
Enter new principal offices address, if applicable:	. , , , ,	
(Principal office address MUST BE A STREET ADDRESS)		5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter</u> ere:	r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
New Registered Agent's Signature, if changing Registered Agen	City ••	Zip Code
ice registered Agent's organizate, it changing Registered Agen	1.	

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>	Name	<u>Address</u>	Type of Action
AMBR	JUSTIN TUCKER	12839 DIAMOND HEAD CT	
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		SPRING HILL, FL 34609	
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Effective date, if other than the d f an effective date is listed, the date must b	e specific and	d cannot be pri	ior to date o	f tiling or mo	re than 90 da	(optional) ys after filing) ;.) Pursuant to 605.0	0207 (
Note: If the date inserted in this bloc document's effective date on the Dep	c does not r	neet the appl	licable stat	utory filing	requiremen	ts, this date	will not be listed	dasi
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Dated NOVEMBER 30		2018						
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Joseph T	ucke	Л						
Joseph T	UCKO gnature of a r		thorized rep	resentative o	f a member			

Page 3 of 3

Filing Fee: \$25.00