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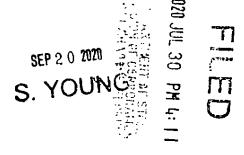
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
GROUP AC	CQUA REAL ESTATE I LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	EDNA MENDEZ				
		Name of Person			
	EMPIRE BUSINESS & T.	AX ADVISORS, LLC			
		Firm/Company			
	120 BROADWAY AVE S	SUITE 302			
		Address			
	KISSIMMEE , FL 34741				
		City/State and Zip Code			
	ednamendez@empirebta.co				
		to be used for future annual report noti	fication)		
For further information co	oncerning this matter, please c				
EDNA MENDEZ		407 613-0850 at ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for th	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		Street Address:			
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROUP ACQUAIREAL ESTATE 1 LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Clability Company)					
The Articles of Organization for this Limited Liability Company						
	30 11					
Florida document number L15000066055	المواقع المراجع المراج					
This amendment is submitted to amend the following:	製造まし					
A. If amending name, enter the new name of the limited liab						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LL.C."					
Enter new principal offices address, if applicable:	6735 Conroy Windermere Rd					
(Principal office address MUST BE A STREET ADDRESS)	Suite 307					
	Orlando Fl 32835					
Enter new mailing address, if applicable:	6735 Conroy Windermere Rd					
(Mailing address MAY BE A POST OFFICE BOX)	Suite 307					
	Orlando Fl 32835					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered					
New Registered Office Address:						
New registered contect Address.	Enter Florida street address					
	, Florida					
	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
 			🗆 Add
			□Remove
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Dated _	ULY 22 			· _)20 	 ·	111	(,)				
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			Signature	of a memi	per or auth	orized re	presentati	ve of a me	mber			
			<u>.</u>			/-						
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Filing Fee: \$25.00