L15000128640

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JUL 10 2020 S. YOUNG

COVER LETTER

Division of Co					
Safe Hart	oor Realty of Vero Beach, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Nicole Ottaviani				
		Name of Person			
	Posess, Kolbert & Strauss,	PLLC			
		Firm/Company	 		
	4455 Military Trail Suite 1	02			
		Address			
	Jupiter, FL 33458				
		City/State and Zip Code			
	nicole@patchreeftitle.com E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please c				
Nicole Ottaviani		561 296-8504			
Name of Person		at () Area Code Daytim	e Telephone 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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addr</u> Registratior Division of		<u>Street Address:</u> Registration Se Division of Co			
P.O. Box 63			The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safe Harbor Realty of Vero Beach, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/28/2015}{1}$ Florida document number __L15000128640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 the new registered 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.

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>	<u>Address</u>	Type of Action
MGR	Michael Brue	4455 Military Trail Suite 100	□Add
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		(111/2020			
Effective date, if other that (If an effective date is listed, the date inserted in document's effective date or	ate must be specific an this block does not :	d cannot be prior to meet the applicat	o date of filing or more ole statutory filing r	(optiona e than 90 days after fili requirements, this da	ng.) Pursuant to 605.0207 (3
he record specifies a delayed e ord is filed.	ffective date, but no	et an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
		2020			
5 June 11		_0_0			
Dated June 11			_ ·		
Dated June 11	Signature of a	·	_ · ized representative of	a member	

Filing Fee: \$25.00