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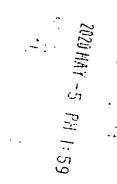
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COVER LETTER

TO: Registration : Division of Co					
	st Realty, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Peter M Brown				
		Name of Person			
	Securevest Realty, LLC				
		Firm/Company			
	2202 N Westshore Blvd. S	Suite 200			
		Address			
	Tampa, FL 33607				
	-	City/State and Zip Code			
	info@securevestrealty.com				
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
Peter M Brown		813 810-1106 at ()			
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr Registration	Section	Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		•	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 HAY -5 PN 1:50

		ZUZU MAY	-5 PH 1:59
Securevest Realty, LLC		,	
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	. 11
			f
he Articles of Organization for this Limited L	iability Company	were filed on 10/12/2015	and assigned
lorida document number L15000173483	·		
his amendment is submitted to amend the following	lowing:		
a. If amending name, enter the new name o	of the limited li <u>ab</u>	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
•		2202 N Westshore Blvd. Suite 20	
Enter new principal offices address, if applicable:		Tampa, FL 33607	
<u>Principal office address MUST BE A STREI</u>	EL ADDIKESS)		
		1	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	ROY		
valling dagress MAT BE AT OST OTTICE	BON		
B. If amending the registered agent and/or	registered office :	address on our records, enter th	ne name of the new registe
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Peter M Brown		
New Registered Office Address:	2202 N Westsh	ore Blvd. Suite 200	
		Enter Florida street address	
	Tampa	, Flor	ida ^{FL}
		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>	<u>Name</u>	<u>Address</u>	2020 MAY -5 Pil 1:59	Type of Action
MGR	Thomas Goebel	5501-D Airpor	t Blvd, Tampa, FL 33634	□Add
				Remove
				□Change
				□Add
				🗆 Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the applicab ocument's effective date on the Department of State's records.	o date of filing or more ble statutory filing re	than 90 days after equirements, this	nal) filing.) P date wi	ursuant to t II not be l	605.020 listed as
record specifies a delayed effective date, but not an effective tim is filed.	ne, at 12:01 a.m. on	the earlier of: (b)	The S	90th day a	ifter the
ated time: 14th April 30th	20				
Signature of a niember or author	M/ rized representative of	a niember	<u>.</u>		
Peter M Brown					
	I name of signee			_	-

. . .

Filing Fee: \$25.00