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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEED TO REPLACED MY GELF WILLIAM A. SCHOOLDES SIZ	
Name of Limited Liability Company +0 AD KLY WIR=	
JANIE MACTINET	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William A Stormarter SP	
Name of Person	
SEIZUNCET ENTERPRISES REAL ESTATE P (APITAL GROUP)	12
Firm/Company	
OLD: 7517 NWW ZTA path	
Address	
Danc 72 33178	
City/State and Zip Code So E = BUIL DERS (PAOL - COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
William. A. SERRUCKT SP2 at () Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solutional copy is enclosed) \$25.00 Filing Fee Solution Filing Fee	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEIZIZA DET ENTERPRISCO DEA (ESTATE I CAPITAL GROUP IIC (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 3-15-2016. and assigned 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) 7517 NW 11277 PAPTS
DOAL FL 331-18 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: JANICE MATINET

9578 NW 4157 DONE FE 33178

Enter Florida street address

Doc KC Florida Jay Code Name of New Registered Agent: New Registered Office 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

Page 1 of 3

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 Warting	Address	Type of Action
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1007./			□ Remove
			Change
WAGR	William . M. Scenado si	7517 NW 1127 Mtn DOAZ FZ 33/148:	🗆 Add
Ø1.			□ Remove
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Filing Fee: \$25.00