L16000097385

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		alty Group, LLC		
SUDJE	CI;	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
	-	Christopher Feamster	g.	
		Strata Realty Group, LLC	Name of Person	
		2801 S Bay Street	Firm/Company	
		Eustis, FL 32726	Address	
		Chris@StrataFl.com	City/State and Zip Code	
			to be used for future annual repor	rt notification)
For furt	ner information co	oncerning this matter, please c	all:	
Christo	pher Feamster		352 408-00 at ()	35
	Name of	f Person		aytime Telephone Number
Enclosed	d is a check for th	e following amount:		
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

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

Strata Realty Group, LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Florida document number L16000097385		on May 18, 2016 and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability compa	any here:
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and registered agent and registered agent.)	Vor registered office addres	ess on our records, enter the name cof the na
Name of New Registered Agent:	Taylor Feamster	
New Registered Office Address:	2801 S Bay Street	
	_. Ente	ter Florida street address
	Eustis	, Florida 32726
	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	James Kirk Reynolds	2801 S Bay Street, Eustis, FL 32726	■ Add
			☐ Remove
-			Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
•			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 8/8/19 Signature of a member or authorized representative of a member
Christopher Feamster

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Typed or printed name of signee

Filing Fee: \$25.00