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COVER LETTER

	FACEY RE	ALTY ORLANDO LLC				
		Name of Lim	ited Liability Company			
		• •	-			
		Melissa Service				
			Name of Person			
		Service First Realty				
		-	Firm/Company			
6556 Long Breeze Rd						
			Address			
		Orlando, FL 32810			7	100
			City/State and Zip Code		THE REL	
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	Name of	Person		e Telephone Number	<u>o</u>	
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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

	City , Fiorita _	Zip Code
	. Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
Name of New Pegistered Agents		
registered agent and/or the new registered office address		
B. If amending the registered agent and/or registere	d office address on our records, ente	
		PN 12: 19
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32810	- C (1) (1)
Enter new mailing address, if applicable:	6556 LONG BREEZE RD	29
		第
Principal office address MUST BE A STREET ADDRESS	5) 0.12.11.00, 1.2.020.10	
Enter new principal offices address, if applicable:	ODI ANDO EL 22910	-1° .
•	5014 N. ORANGE BLOSSOM TRA	
SERVICE FIRST REALTY, LLC The new name must be distinguishable and contain the words "Limited I	Cabilla Comman 2 the designation (IT I C'2) on the	hhavisias "I I C"
A. If amending name, enter the new name of the limited	liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L16000112811</u> .		
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
FACEY REALTY ORLANDO LLC		

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
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The 90th day after th	e record is filed	t.			
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Typed or printed name of signee

Filing Fee: \$25.00