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2018 NOV -5 PM 12: 21 SECRETARY OF STATE

COVER LETTER

	ration Sect on of Corpo							
	n D Realty	, LLC						
Name of Limited Liability Company								
The enclosed A	rticles of A	mendment and fee(s) are subt	mitted for filing.					
Please return all	correspond	dence concerning this matter	to the following:					
		Sandra Winkler						
		S n D Realty, LLC	Name of Person					
			Firm/Company					
	333 Tamiami Trait S., Suite 285							
			Address					
		Venice, FL 34285						
		sandy@sndrealtyllc.com	City/State and Zip Code					
		E-mail address: ()	to be used for future annual report notif	fication)				
For further info	rmation cor	ncerning this matter, please ca	all:					
Sandra Winkle	er		941 538-6677					
	Name of I	Person	at () Area Code Daytime	e Telephone Number				
Enclosed is a ch	neck for the	following amount:						
□ \$25.00 Filir	ng 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)				

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**

FILED

S n D Realty, LLC

2018 NOV -5 PM 12: 27

(\triangle)	Liability Compa Florida Limited	iny as it now appears on a Liability Company)	TALLAHASSEE, FL	
The Articles of Organization for this Limited Liab Florida document number L17000031890	oility Company	were filed on <u>2/9/202</u>	7 and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited ljab	ility company here:		
Winkler Realty Group, LLC				
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		333 Tamiami Trail S., Suite 285		
		Venice, FL 34285		
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered o		records, enter the name of the	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered o ce address her	<u>e</u> :	records, enter the name of the	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered o ce address her			
	registered o ce address her	e: Trail S., Suite 285		

Thereby 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>	Address	Type of Action	
			□ Add	
			☐ Remove	
			☐ Change	
			□ Remove	
			Change	
			□ Add	
			□ Remove	
			Change	
			☐ Remove	
			Change	
			□ Remove	
			☐ Change	
			□ Remove	
			□ Change	

D. If amending any other info				
			-	
				
			·	
E. Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in the document's effective date on	his block does not meet the a	pplicable statutory filing re	(optional) than 90 days after filing.) Pursuant quirements, this date will not	t to 605.0207 (3) he listed as the
If the record specifies a de (b) The 90th day after the		nt not an effective time	e, at 12:01 a.m. on the	earlier of:
Dated <u>ICfob</u>	231 Do	<u>) (}</u> .		
De	Signature of a member or	authorized representative of a	n member	
Sandra Winkler	-			

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Typed or printed name of signee

Filing Fee: \$25.00