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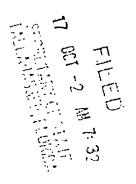
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COVER LETTER

-	ision of Corp				
SUBJECT:	Steinberg &	Knights Realty Group LLC.			
SUBJEC,1:		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Rashanda J. Knights			
			Name of Person		
		Steingberg & Knights Realt			
			Firm/Company		
		4108 Renaissance Way			
			Address		
		Boynton Beach, FL 33426			
			City/State and Zip Code		
		roekprealtor@gmail.com			
For further is	nformation co	E-mail address: (to neerning this matter, please ca	be used for future annual report notificall:	cation)	
Rashanda J.	Knights		561 877.0660 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	ng Fee.
Enclosed is	a check for the	following amount:			2 1
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

Steinberg & Knights Realty Group LLC.	
(<u>Name of the Limited Liah</u> (A Flor	nility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L17000200917	Company were filed on 09/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, enter the name of the name
Name of New Registered Agent:	
New Registered Office Address:	Date Plants and All States
	Enter Florida street address Florida
	City Zin Code C

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>	Address	Type of Action
AMBR	Rashanda J. Knights	4108 Renaissance Way	Add
		Boynton Beach, FL 33426	☐ Remove
			☐ Change
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	Signatur	re of a member of	r authorized repr	esentative of a me	nber	

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Filing Fee: \$25.00