

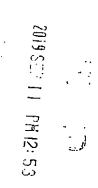
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COVER LETTER

	tegistration Sec Division of Corp			
	•	orida Realty, LLC		
SUBJEC"	l:	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please rett	ırn all correspor	ndence concerning this matter t	to the following:	
		Brandy Hill		
		Concept Florida Realty, LLC	Name of Person	
For further Brandy		215 Vista Oak Drive	Firm/Company	
		Longwood, FL 32779	Address	
		conceptfloridarealty@gmail.t	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	dl:	
Brandy H	HiD		407 310-5456 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing 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:

TO:

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



2019 ST. 11 PH 12: 53 Concept Florida Realty, LLC (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 8/6/2018 and assigned Florida document number L18000187250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Degree Realty, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

City

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>	Name	Address	Type of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be Note: If the date inscrted in this block does not meet the adocument's effective date on the Department of State's red	applicable statutor	ng or more than 90 day y filing requiremen	s after filing.) Pursuant to s, this date will not be) 605.0207 (listed as t
he record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effec	tive time, at 12	:01 a.m. on the e	arlier of:
September 8 2019				
Dated) [
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Typed or printed name of signee

Filing Fee: \$25.00