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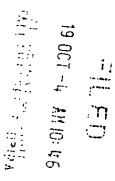
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## **COVER LETTER**

		ration Section of Corpor		•	d d
CHDIECT		hmidt Real I	Estate Florida East Coast, Ll	LC	
SUBJEC	· :		Name of Limi	ited Liability Company	
The enclo	sed A	rticles of Am	endment and fee(s) are sub-	mitted for filing.	
Please reti	urn all	corresponde	ence concerning this matter	to the following:	
			Robyn Altshuler		
				Name of Person	<del></del>
			Schmidt Family of Compa	nies	
				Firm/Company	<del> </del>
			1209 US1		
				Address	
			Sebastian, FL 32958		
				City/State and Zip Code	<del></del>
		-	Tom (0)	SChmid+ H C	O.COM notification)
For furthe	r info	mation conc	erning this matter, please ca		
Tom Gray	y			231 620-174	
		Name of Pe	rson	at () Area Code Day	vtime Telephone Number
Enclosed i	is a ch	eck for the fo	ollowing amount:		
□ <b>\$</b> 25.00	0 Filin	g Fee I	■ \$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 radditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Center new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Center 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	Schmidt Real Estate Florida East Coast, LLC		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Conter 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 egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
Chorida document number L18000268487  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	The Articles of Organization for this Limited Liability Comp	pany were filed on March 4th, 2019	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Muilting address MAY BE A POST OFFICE BOX)  The strength of the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address			
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		·····	26 O.)
	egistered agent and/or the new registered office address  Name of New Registered Agent:	here:	er the name of the
		Enter Florida street address	
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	Steven R Schlitt	2115 Cavalla Rd, Vero Beach, FL 32963	Add
			☐ Remove
			Change
AMBR	Linda Schlitt Gonzalez	3908 Shoreside Dr. Hutchinson Island, FL 34949	Add
			Remove
			☐ Change
			□ Add
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