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## COVER LETTER

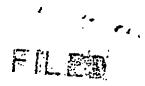
TO:	Registration Sec Division of Corp					
		Strategy Group, LLC				
SUBJEC	CT:	Name of Limi	ted Liability Company			
The enc	losed Articles of .	Amendment and fee(s) are subt	nitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Zachery Lucas Keller, Esq.				
			Name of Person			
		KELLER LEGAL -				
Firm/Company						
417 St. Johns Ave., Suite 8 Address						
			City/State and Zip Code			
		zkeller@keilerlegal.org				
		E-mail address: (	to be used for future annual report n	olification)		
For furt	her information c	oncerning this matter, please ca	all:			
Karl F.	Vierck		904 669-5284 at ()			
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$25	.00 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:

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



REAL ESTATE STRATEGY GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

<del>. 2019 FEB-1-8- PO De 83</del>

	. January 14, 2019	
The Articles of Organization for this Limited Liability Company	were filed on	end assigned to 7.
Florida document number L19000016083		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability of the contain t	ity Company," the designation "LL	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:		
maning address with the ATOST OFFICE BOND		
		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr.	ecc
	<i>City</i> , F	lorida 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	Brittany Haslett	225 Paranza Trace Saint Augustine, FL 32095	
			■ Remove
			Change
AMBR	Richard R. Westover	6075 Winifred Masters Road Elkton, FL 32033	□ Add
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change

Note	February 15, 2019  tive date, if other than the date of filing:	207 (3)(l as the
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier e 90th day after the record is filed.	of:
	February 15. 2019.	
Date	terroug 1- Coll	
Dated	Leonowy 12. Col.	

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Typed or printed name of signee

Filing Fee: \$25.00