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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CHD IF		Strategy Group, L.L.C.		
SUBJEC	~1: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	etum all correspo	indence concerning this matter	to the following:	
		Karl F. Vierck		
			Name of Person	
		Real Estate Strategy Group	o, L.L.C.	
			Firm/Company	
		88 Riberia Street, Suite 34	0	
			Address	
		St. Augustine, FL 32084		
			City/State and Zip Code	
		karl@bridgecityco.com	to be used for future annual report	
For furth	ner information c	oncerning this matter, please of	· ·	пописания
Karl F.	Vierck		904 460-278 at ()	39
	Name o	of Person	Area Code Da	rytime Telephone Number
Enclosed	d is a check for th	he 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		Street Address	
	Registration ! Division of C		Registration Division of	Section Corporations
Division of Corporations P.O. Box 6327				of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Estate Strategy Group, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
ne Articles of Organization for this Limited Liability Co	mpany were filed on 1/14/2019	and assigned
orida document number 119000016083	<u>-</u>	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
		2021
e new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LI.C" or the	abbreviation "L.I. (*)
nter new principal offices address, if applicable:		58. N
Principal office address MUST BE A STREET ADDRI	ESS)	m _m on 1
		9: 40
nter new mailing address, if applicable:) A
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registo
ent made the new registered office address fiere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City . Florida	Ziv 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>	Address	Type of Action
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		St. Augustine, FL 32095	■Remove
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cord specifies a delayed effective da	ate hut not an effect	ive time at 12:01 a	m on the earlier of	(b) The 00s	h day aftan	۔ا۔
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1 1 72						
ed April 23		21				
Sig	gnature of a member or	authorized representa	ive of a member			

Filing Fee: \$25.00