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APR 2 5 2019 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: BABCOCK RANCH HOME SERVICES, LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	SAM MARTIN  Name of Person
	Name of Person
	G2 REALTY LLC Firm/Company
	Firm/Company
	10336 Materita Drive
	Fort Myers, FL 33913  City/State and Zip Code  Sam, Martin @ G2 Specialist. com  E-mail address: (to be used for future annual report notification)
	Sam. Martin@ 62 Specialist. com
	E-mail address: (to be used for future annual report notification)
For fu	irther information concerning this matter, please call:
	SAM MARTIN at (239) 245 - 4748  Name of Person Area Code Daytime Telephone Number
Enclo	ised is a check for the following amount:
<b>)</b> ≰ \$:	25.00 Filing Fee Scrifficate of Status 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

BABCOCK RANCH HOME SERVICES, LLC

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

(A Florida Limited Liability Company)

(11.150000000000000000000000000000000000	Lating warmpany,				
The Articles of Organization for this Limited Liability Company velorida document numberL 1900030035	were filed on	1/29/201	9_ and	d assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:	:			
G2 REALTY	1 LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	gnation "LLC" or the	abbrevi <b>at</b> io	on "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			5-11	19	
				יבי	- <u></u>
				540 	
Enter new mailing address, if applicable:			Ĩ.	<u>ා</u>	1.1
(Mailing address MAY BE A POST OFFICE BOX)			;	ن: حد:	,
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		-	3.*	<i>=</i>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on o	ur records, <u>ente</u>	r the na	ime of	the no
Name of New Registered Agent:		·			
New Registered Office Address:					
	Enter Florida	street address			
		, Florida			
<del></del>	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>	Name	Address	Type of Action
			□ Remove
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			Remove
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The 90	d specifies th day aft	er the re	cord is file	ed.			fective	time, at	12:01 a	ı.m. on t	he earlie	r of
ited	Gy A	sil	12	•	201	9.						
		1/10	Signature o	of a mem	ber or au	horized rep	resentativo	of a memb	per			

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