## L19000038923

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

	ision of Cor		
HRIFCT:	Real Estate	Strategy Group Commercial, L	LC
object.		Name of Limi	ited Liability Company
The enclosed	I Articles of	Amendment and fee(s) are subt	mitted for filing.
lease return	i all correspo	ndence concerning this matter	to the following:
		Karl F. Vierck	
			Name of Person
			Firm/Company
		1189 Wildflower Court	
		Saint Augustine, FL 32086	Address
		kfvierck@gmail.com	City/State and Zip Code
		E-mail address: ()	o be used for future annual report notification)
for further in	nformation c	oncerning this matter, please ca	all:
Karl F. Vier	ck		904 669-5284 at ()
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a	i check for th	ne following amount:	
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, 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 Commercial,	LLC	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabilit Florida document number L19000038923		and assigned
Fiorida document number	·	
This amendment is submitted to amend the following	2.	
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	ne abbreviation #1.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	B 20
Enter new mailing address, if applicable:		<u>G</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	L <u>.                                    </u>
	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	Richard R. Westover		
		4075 N. C. DAT	
		6075 Winifred Masters Road Elkton, FL 32033	Remove
	D. Sannar H. Jan	<del></del>	Change
AMBR	Brittany Haslett		Add
		225 Paranza Trace Saint Augustine, FL 32095	Remove
			□ Change
		-	
			□ Remove
			□ Change
			□ Add
		□ Remove	
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Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	February 19 . 2019.
	Rignature of a member or authorized representative of a member  Kan F. Vierck  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00