L19 0000 38923

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COVER LETTER

TO:

	gistration Secision of Corp					
CUBIECT.		Strategy Group Commercial, I	L.C.			
SUBJECT:		Name of Limi	ited Liability Company			
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	a all correspo	ndence concerning this matter	to the following:			
		Karl F. Vierck		_		
			Name of Person			
		Real Estate Strategy Group	Commercial, L.L.C.			
			Firm/Company			
		88 Riberia Street, Suite 36	0			
			Address	-		
		St. Augustine, FL 32084				
			City/State and Zip Code			
,		karl@resgcommercial.com		nei		
For further i	information c	n-man address: (oncerning this matter, please c	to be used for future annual report no all:	ancanon)		
Karl F. Vie	rck		904 429-9953			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed 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)		
Re Di	ailing Address egistration Sivision of C O. Box 632	Section orporations	Street Address: Registration S Division of Co The Centre of	orporations		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Estate Strategy Group Commercial, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/07/2019}{}$ and assigned Florida document number L19000038923 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 abbreviati 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida_ Cire

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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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or a stee: If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	more than 90 days aft			
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of:	(b) The 9	0th day	after th
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ded April 23 2021				

Typed or printed name of signee