L19000061334

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COVER LETTER

	Registration Se Division of Co			
SUBJEC		NE REAL ESTATE ADVISOF	RS'LLC	v
SOBJEC	,	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase re	eturn all correspo	ondence concerning this matter	to the following:	
		Kyle Launius		
			Name of Person	
		GRAPEVINE REAL EST.	ATE ADVISORS LLC	
			Firm/Company	
		9800 4TH ST N. SUITE 2	00	
			Address	
		SAINT PETERSBURG, F	L 33702	
			City/State and Zip Code	
		kyle@greapevinerea.com		
		E-mail address: (to be used for future annual report not	tification)
For furth	er information of	concerning this matter, please co	all:	
Kyle La	unius		727 203-0131	
	Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed	l is a check for t	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 Addre Registration		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAPEVINE REAL ESTATE ADVISORS LLC		10 116:19
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000061334</u> .	npany were filed on 03/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LEC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	laZip 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
MGR	WASHINGTON, ROBERT E, JR	10669 CARDERA, RIVERVIEW, FL 33578	■Add
			Remove
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			🗆 Add
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in t document's effective date on	e must be specific a nis block does not	nd cannot be prior meet the applica	able statutory filir	(option ore than 90 days after ag requirements, this	filing.) Pursuant to 605.020
ne record specifies a delayed ef ord is filed.	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated September 9		2020			
		-·	_ ·		
1					
M	yours	a mambar or suit	rived representative	of a member	