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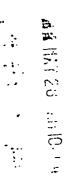
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## **COVER LETTER**

TO:	Registration Se Division of Cor			ربعز» غان ب			
		AL ESTATE INVESTMENTS	LLC				
SUBJE	CT:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub		·			
		SANDRA SILLS	-				
			Name of Person				
SILLS REAL ESTATE INVESTMENTS LLC							
			Firm/Company				
			Address				
		KISSIMMEE, FL 34747					
		acensrves@acspayroll.net	City/State and Zip Code	<del></del>			
E-mail address: (to be used for future annual report notification)							
For furt	her information o	concerning this matter, please co	all:				
SANDI	RA SILLS		845 401-4345 at ( )				
	Name o	of Person	Area Code Daytime	Telephone Number			
Enclose	d 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 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**

## SILLS REAL ESTATE INVESTMENTS LLC

ARTICLES OF AMENDMENT
ARTICLES OF ORGANIZATION  OF
SILLS REAL ESTATE INVESTMENTS LLC
(A Florida 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 03/05/2019 and assigned
Florida document number L19000063296
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 abbreviation "L.L.C."
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 n registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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 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

7

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GREG SILLS	7646 LONG ISLAND DR KISSIMMEE, FL 34747	Add
			☐ Remove
			Change
			□ Remove
			Change
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(If an effective date is liste Note: If the date inse	ther than the date of filing ed, the date must be specific and rited in this block does not maked on the Department of S	cannot be prior to dat neet the applicable s	e of filing or more than	(optional) 90 days after filing.) Pursuan ements, this date will not	it to 605,0207 (3 be listed as th
(b) The 90th day af	s a delayed effective d fter the record is filed.	ate, but not an	effective time, a	t 12:01 a.m. on the	earlier of:
Dated 22nd May	J. 16.	2019			
	Signature of a r	nember or authorized	representative of a mer	nber	
SANDRA	SILLS				
<del></del>		Typed or printed nar	ne st siamee	<del></del> .	

Page 3 of 3

Filing Fee: \$25.00