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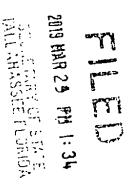
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
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| | GROUP REALTY LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | TONY M BENGE JR | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1157 TOM GURNEY DR | IVE | |
| | WINTER PARK, FL 3278 | Address 89 | |
| | TONY@BENGEDEVELO | City/State and Zip Code PMENT.COM | |
| | E-mail address: (| to be used for future annual report notification) | ZOS MAR |
| For further information co | oncerning this matter, please ca | all: | 22 |
| TONY M BENGE JR | | 407 948-3681 at () | The Fill |
| Name of | Person | Area Code Daytime Teleph | one Number 52 - 0 |
| Enclosed is a check for th | e following amount: | | · |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | 1 \$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

VENTURE GROUP REALTY 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 $\frac{03/14/2019}{}$ and assigned Florida document number $\frac{1.19000073038}{1.19000073038}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VENTURE GROUP REALTY OF FL LLC 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 | <u>Address</u> | Type of Action | |
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| E. Effective date, if other than t (If an effective date is listed, the date in | he date of filing: | | | (opt | ional) | |
| (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | block does not mee | et the applicab | date of filing or n le statutory filir | nore than 90 days after great than 90 days after great than 90 days after great than 100 days af | er filing.) Pursuant to 60 is date will not be lis | 5.0207 (3 ted as the |
| f the record specifies a delay b) The 90th day after the re | | te, but not | an effective | time, at 12:01 | a.m. on the earli | ier of: |
| Dated MARCH 25 | · . | 2019 | . • | | | |
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| | | _ , | zed representative | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee