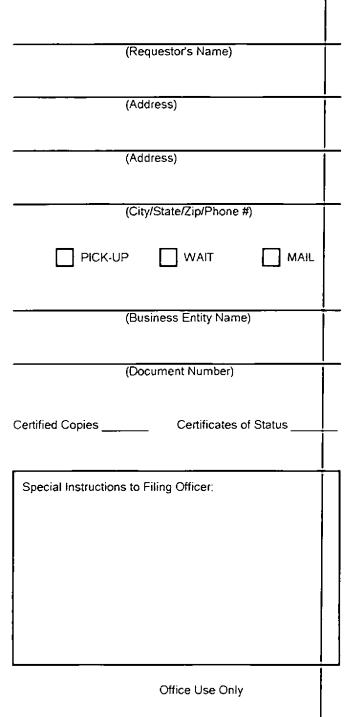
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
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| SUBJE | CMP. | BURG REAL ESTATE, LLC | | |
| SUBJE | CI: | Name of Limit | ted Liability Company | |
| | | | | |
| The enc | losed Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please re | eturn all correspon | dence concerning this matter to | o the following: | |
| | | Chad Brinks | | |
| | | | Name of Person | |
| | | 440 2nd Ave | Firm/Company | |
| | | Dunedin, FL 34698 | Address | |
| | | cbrinks@gmail.com | City/State and Zip Code | |
| For furt | her information co | E-mail address: (to ncerning this matter, please ca | be used for future annual report notification) [H: | |
| Chad B | rinks | | 727 460-0848 | |
| Name of Person | | | Area Code Daytime Telephone Number | |
| Enclose | d is a check for the | e following amount: | | |
| \$25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 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

ST. PETERSBURG REAL ESTATE, 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 $\frac{03/29/2019}{1}$ and assigned Florida document number ______119000087633 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KSI Real Estate The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 440 2nd Ave Enter new principal offices address, if applicable: Dunedin, FL 34698 (Principal office address MUST BE A STREET ADDRESS) 440 2nd Ave Enter new mailing address, if applicable: Dunedin, FL 34698 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, eater 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. If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

| R = Manager BR = Authorized Member | | |
|---------------------------------------|---------|--|
| Name | Address | Type of Action |
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| lfame | ending any other information, enter | r change(s) here: (Attach additional sheets, if necessary.) | |
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| | tive date, if other than the date of fil | | |
| Note: | | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 of meet the applicable statutory filing requirements, this date will not be listed of State's records. | |
| | cord specifies a delayed effective 90th day after the record is file | ve date, but not an effective time, at 12:01 a.m. on the earlier ed. | го |
| Dated | 12/12/2019 | 2019 | |
| | 12/12/2019 Clot Bm. | | |
| | | of a member or authorized representative of a member | |
| | Chad Brinks | | |
| | | Typed or printed name of signee | |
| | | | |
| | | | |

Filing Fee: \$25.00