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TO:

Registration Section
Division of Corporations

SUBJECT: Saunders Ralst Name o	on Dantzler Real Estate LLC f Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar Please return all correspondence concerning this m	
_	Name of Person
Saund	ers Ralston Dantzler Real Estatelle Firm/Company
1723	Bartow Road Address
Lake tyler E-mail add	City/State and Zip Code davis@ Sun. Com ress: (to be used for future annual report notification)
For further information concerning this matter, plo	ease call:
Tyler Davis Name of Person	at (863) 648-1528 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saunders Ralston Dan	tzler Real &	Estate 1	uc	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our r ility Company)	ecords.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/900172286</u> .	re filed on 07 0	2/2019	and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the at	breviation "	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 add agent and/or the new registered office address here:	iress on our records, <u>e</u>	nter the nam	e of the ne	ew registered
Name of New Registered Agent:			2021	Ø
New Registered Office Address:		*.	MAR	7
	Enter Florida street d	ıddress	-	
	City	_, Florida	Žip Code	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City	-		
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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 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	Mary Patricia Leisner	1723 Bartow Road Lakeland FL 33801	≸Add
			□Remove
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			□Remove
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If amending any other information, enter change(s) here: (Attach addition	•	
		
		
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	2021	
	MAR	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day	after the
cord is filed.		
Dated March 202 . Signature of a member or authorized representative of	of a member	_