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COVER LETTER

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SUBJECT.	Resort Re	al Estate Group LLC		•			
SUBJECT:Name of Limited Liability Company							
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Stephanie Phillips					
		Resort Real Estate Group,	Name of Person				
		224 Bay Tree Drive	Firm/Company				
		Miramar Beach, FL 32550	Address				
		-sphillipsdir@gmal.com	City/State and Zip Code SphillipS Clip(to be used for future annual report notifical	a gmail, con			
For further in	nformation c	oncerning this matter, please c	all:				
Stephanie F	Phillips		915 346-7355				
	Name o	f Person	at () Area Code Daytime Te	lephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling 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)			
		ING ADDRESS: ation Section	STREET/COURIER Registration Section	ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Resort Real Estate Group, 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 July 8, 2019 and assigned Florida document number L19000175239 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 new 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

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>	<u>Address</u>	Type of Action
MGR	William R. Losquadro	1365 W Hwy 98, Mary Ester, FL 32569	
			
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record specifie The 90th day af	s a delayed e ter the recor	effective dand	ate, but n	ot an eff	ective tim	e, at 12:0)1 a.m. o	n the	earlier
August 1, 201	9								
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Filing Fee: \$25.00