119000 261072

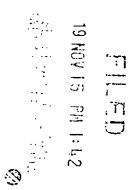
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Sec Division of Corp		•	
CUDI	Structure Re			
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Jay Adams		
			Name of Person	
		Structure Realty, LLC		
		 ;	Firm/Company	
		3700 34th Street, Suite 220)	
			Address	
		Orlando, FL 32805		
			City/State and Zip Code	
		jadams@structuredevco.com	n	
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	irther information co	oncerning this matter, please ca	ill:	
Jenni	fer Perez		407 866-1196	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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

Structure Realty, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-1
Principal office address MUST BE A STREET ADDRESS)		
		5 5
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	ę	3)
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street aaaress	
	, Florid	laZip Code
	⊂ஸ்	zap Cirac

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
AMBR	Matthew Hodge	3700 34th Street, Suite 220	= Add
		Orlando, FL 32805	A dd
			Remove
			Change
			
			□ Remove
			☐ Change
			Remove
			——— □ Change
			05
			Remove
			© Change
			□ Add
			☐ Remove
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			□ Remove
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	-5 NO. 1
 	5
9 77	-13
 8	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00