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COVER LETTER

VINE REAL ESTATE ADVISORS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WASHINGTON, ROBERT E, JR Name of Person VINE REAL ESTATE ADVISORS LLC Firm/Company 10669 CARDERA Address RIVERVIEW, FL 33578 City/State and Zip Code ROBERT@VINERESALES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 833-4396 WASHINGTON, ROBERT E, JR Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, つ. ☐ \$30.00 Filing Fee & **■ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

VINE REAL ESTATE ADVISORS 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 02/19/2020		and a	ssigned	l
Florida document number L20000056639				-	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abl	oreviation "	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 agent and/or the new registered office address here: Name of New Registered Agent:					istered
			<u> </u>		
New Registered Office Address:	Enter Florida street odd			(2 9:	ラ
	City	F 10F1G8	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am f 5, F.S. Or,	amiliar w if this doc	rith and cumen	d

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>	Address	Type of Action
MGR	LAUNIUS, KYLE D		_ □Add
		580 24TH AVE SE, SAINT PETERSBURG, FL 3376	DE _ ≣Remove
			_ □Change
MGR	WASHINGTON, ROBERT E. JR	10669 CARDERA, RIVERVIEW, FL 33578	_ ≣Add
			_ □Remove
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Note: If the date inserted in t	the date of filing:	(optional) nan 90 days after filing.) Pursuant to 605,0207 (3)(b) quirements, this date will not be listed as the
If the record specifies a delayed ef record is filed.	fective date, but not an effective time, at 12:01 a.m. on th	te earlier of: (b) The 90th day after the
Dated July 22	. 2020	
	Signature of a member or authorized representative of a	member
Robert Edward W	•	
	Typed or printed name of signee	

Filing Fee: \$25.00