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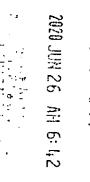
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AUG 1 1 2020 S. YOUNG

COVER LETTER

TO:

TO:	Registration Sc Division of Cor			
SUBJEC	Vue Orfand	lo Reality LLC		
		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	mum all correspo	udence concerning this matter	to the following:	
		Vicky Mustoe		
			Name of Person	-
		Vue Orlando Realty LLC		
			ГатаСотрану	
		100 N. Cross St. P. O. Bo	ox 741	
			Address	
		Orddinid 1:1L 34760		
			City/State and Zip Code	·
		vickyst vucgouplle.com		
		E-mail address: (to be used for future annual report not	dication)
For furth	er information o	oncerning this matter, please of	9]].	
Filomen	a Sayad		407 770-9979 as ()	
	Neme o	Person		e Telephone Number
Enclosed	l is a check for th	r following amount:		
± \$253	00 Filing F∞	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60,00 Filing Fee. Certificate of Stams & Certified Copy (additional copy is enclosed)
	Mailine Addres		Street Address:	
	Registration S		Registration Se	
	Division of C P.O. Box 632		Division of Cor The Centre of 1	
	Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vue Orlando Reality LLC:	
(Name of the Limited Linhility Compa (A Florida Limited)	iny ay it now appears on our records.)
(M. Ludwy Fillians)	Junitry Company)
The Articles of Organization for this Limited Liability Company	were filed on April 13, 2020 and assigned
Florida document number 1,20000102194	72
This amendment is submitted to amend the following.	
A. If amouding name, enter the new name of the limited ligh	ility company here:
Vue Orlando Realty LLC	illity company here:
The new name must be distinguishable and contain the words "Limited Liebi	
Enter new principal offices address, if applicable:	7380 W. Sand Lake Road # 500
(Principal office address MUST BE A STREET ADDRESS)	Orlando,FL 52819
	- t
Enter new mailing address, if applicable:	100 North Cross St.
(Mailing uddress MAY BE A POST OFFICE BOX)	P.O. Box 741
	Oakland, FL 34760
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered
The value of the control of the cont	Enter Florida street address
	En. :1.
	City Zip Code
New Registered Apent's Signature, if changing Registered Agent:	· {
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605 F.S. Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			JAdd
		<u>П</u> Remove	
	<u> </u>	!Add	
		JRemove	
		UChange	
			URemove
			□Change
		TAdd	
			JChange
			iRemove
			□Change
			□Add
			TRemove
			UChange

Dia	vec chan	and the sense to
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-V. L.C.C	2 OT WINE	5 RECIFY TIC AS THEFE WAS:
a	Spelling e	20101
		
		
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Note: If the da	a. if other than the date of the is listed, the date must be spa- ate inserted in this block doc fective date on the Departm	acific and carend be prior to date of filing or more than 90 days after filing.) Pursuent to 605,0207 ics not more the applicable statutory filing requirements, this date will not be listed as
e record specifi rd is filed.	ies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	May 29th	2020
Dated		
Dated	./.	
Dated		Woo
Dated	Supressi	ture of a member of authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00