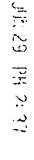
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### **COVER LETTER**

BLUEROCK CAPITAL REAL ESTATE, 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: RYAN RAVINDER LUND SHIKARPURI Name of Person Firm/Company 2656 W LAKE RD Address PALM HARBOR, FL 34684 City/State and Zip Code SHIKARPUR19@GAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 727 432-9900 Ryan Ravinder Lund Shikarpuri Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. □ \$55.00 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

#### BLUEROCK CAPITAL REAL ESTATE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(1) Florida Diffico Flatinity Company
The Articles of Organization for this Limited L	iability Company were filed on MAY 20, 2020 and
Florida document number L20000138004	·
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
BR CAPITAL REAL ESTATE, LLC	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	eable:
(Principal office address MUST BE A STREE	ET ADDRESS)
	,; ,z,
Enter new mailing address, if applicable:	$ ilde{\pi}  ilde{ heta}$
(Mailing address MAY BE A POST OFFICE	BOX)
	.5
	registered office address on our records, <u>enter the name of the</u>
agent and/or the new registered office addre	ss here:
Name of New Registered Agent:	
Nove Designand Office Address	
New Registered Office Address:	Enter Florida street address
	Cuy Zip Co

## 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct 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 Agei

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
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D. If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
	<u> </u>
	Sign. Gro
	<u> </u>
<u>.                                    </u>	.; 
	<u> </u>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec	prior to date of filing or more than 90 days after filing.) Pursuant to 60: pplicable statutory filing requirements, this date will not be fissords.
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earli
Dated	authorized representative of a member
RYAN RAVINDER LUND SHIKARPURI	
Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00