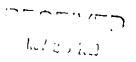
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COVER LETTER

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SUBJEC	CT:	SNPARKRE		۳,	,	هجي		
SOBJEC	l. Fi	T:Name of Limited Liability Company						
The encl	losed	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please re	eturn	all correspon	dence concerning this matter	to the following:				
			Sais B. Park					
				Name of Person				
				Firm/Company				
			10198 Regent Park Drive					
				Address				
			Orlando, FL. 32825					
				City/State and Zip Code	•			
			snparkrealtor@gmail.com E-mail.address: 0	to be used for future annual re	eport notification)			
For furth	ner in	formation co	ncerning this matter, please c		•			
Sais B. I	Park			at ()	-4152			
	-	Name of	Person	Area Code	Daytime Telephone Nu	umber		
Enclosed	l is a	check for the	following amount:					
■ \$25.	·1 00.	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cer (Sed) Cer	00 Filing Fee, tificate of Status & tified Copy tional copy is enclosed)		
/	/							
	Reg Div P.O	ling Address: gistration So ision of Co b. Box 6327 lahassee, Fl	ection orporations	Division The Cent 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Su see, FL 32303	ite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED **OF**

SNPARKREALTY LLC

2828 NOV 23 AM 7: 40

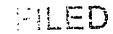
(Name of the Limited	Liability Comp	pany as it now appears on our records	STATE
(/	v i renga minuce	TULL AND EE	
The Articles of Organization for this Limited Lia	bility Compan	y were filed on	and assigned
Florida document number L20000304401			
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	the <u>limited lia</u>	bility company here:	
SAIS PARK LLC			
The new name must be distinguishable and contain the wor	rds "Limited Lial	pility Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	n/a	
Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:		n/a	
Mailing address MAY BE A POST OFFICE B	OX)		
	<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re	gistered office	address on our records, enter t	the name of the new regis
agent and/or the new registered office address	here:		
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street address	
	n/a		
	10 0	Flo	rida

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 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 19 NOV 23 AM 7: 40	Type of Action
n/a 	n/a	n/a GEOGRAPIA A STATE	□Add
			_
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reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed turnent's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after stilled.	
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November 10 2020	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	er 10 2020
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member

Filing Fee: \$25.00