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12/28/20

COVERTELLER

Registration Section

Division of Corporations

TO:

ENVISION SUBJECT:	X REALTY, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NANCY CUEVAS		
	ENVISION X REALTY, I	LLC	
		Firm/Company	
	9473 COBALT PARK DR	RIVE	
		Address	
	ORLANDO, FL 32832		
		City/State and Zip Code	
	ENVISIONXREALTY@G	MAIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
NANCY CUEVAS		321 239-2886 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 S Division of C P.O. Box 632 Tallahassee. I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVISION X REALTY, 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 $\frac{10/12/2020}{10/12/2020}$ and assigned Florida document number $\frac{1.20000321243}{1.20000321243}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new regis agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 i 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	NICOLETTE Y CUEVAS	9473 COBALT PARK DRIVE	□ Add
		ORLANDO, FL 32832	■Remove
			□Change
			□Add
		9473 COBALT PARK DRIVE ☐ Add ORLANDO, FL 32832 ☐ Remove ☐ Change	
		 	
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Effective date, if of (If an effective date is line) Note: If the date in document's effective	isted, the date must buserted in this block	e specific and k does not n	cannot be prior neet the applic	able statutory	or more than 90 filing requiren	(optiona days after filin nents, this da	l) ng.) Pursuant to 6 te will not be li	05.02 ist e d
the record specifies a cord is filed.	delayed effective o	late, but not	an effective t	ime, at 12:01 a	.m. on the earl	iier of: (b)	The 90th day af	ter th
Dated	118		. <u>20</u>	<u> </u>				
		gnature of a r	member or auth	orized represent	ative of a memb	er		
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Filing Fee: \$25.00