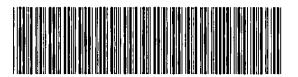
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(Re	questor's Name)	<u> </u>	
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

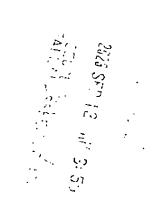
Office Use Only

A. RIVERS SEP 3 0 2023



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09/12/23--01019--010 **35.00



COVER LETTER

Div	ision of Cor	porations	*		
CUBICT	Envision X	Realty LLC	• , ,	·	
SUBJECT: Name of Limited Liability Company					
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Nancy Cuevas			
			Name of Person	, , , , , , , , , , , , , , , , , , ,	
		Envision X Realty LLC			
			Firm/Company		
		10524 Moss Park Rd, Suite	204-313		
			Address		
		Orlando, Fl. 32832			
			City/State and Zip Code		
		Nancy@ENVXRealty.com			
		E-mail address: (to be used for future annual report not	ification)	
For further i	nformation c	oncerning this matter, please ca	all:		
Nancy Cuevas		321 239-2886 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$ 25.00 I	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)	
	iling Addres gistration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number 1.20000321243			and assigned	j
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Storia Real Estate, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	9473 Cobalt Park Drive		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32832		
		10524 Moss Park Rd, Suite 204-313 Orlando, FL 32832		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	•	address on our records, enter the nar	me of the new reg	ister
ivanie of New Registered Agent.			26 B	
New Registered Office Address:	N/A	Enter Florida street address		- ·
		emer r tortaa street aaaress	11 ===	
		, Florida _	7	<u> </u>
		City	Zip Code⊤ _S CD	
New Registered Agent's Signature, if changing R	legistered Agent:			

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>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			☐ Change
<u></u>			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			Character 1

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: ______ (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of amember or authorized representative of a member Nancy Cuevas

Typed or printed name of signee