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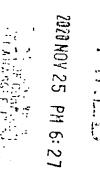
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co					
	THER REALTY LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ehsan Siddiqui				
	 	Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Firm/Company			
	PO BOX 13081				
		Address			
	Tampa FL 33681				
	Ehsan@Siddbrothersrealty.				
	E-mail address: (to be used for future annual report not	ification)		
For further information o	oncerning this matter, please ca	all:			
Ehsan Siddiqui		813 777-7647			
Name of Person		at ()	ne Telephone Number		
Enclosed is a check for t	he 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 Addres Registration	Section	<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIDD BROTHER REALTY LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recor ned Liability Company)	(ds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000351843</u>	any were filed on 11-05-2020	and assigned.
This amendment is submitted to amend the following:		27
A. If amending name, enter the new name of the limited	liability company here:	
SIDD BROTHERS REALTY LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	PO BOX 13081	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33681	
		.
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida
	City	Zip Code

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 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	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			
			□Remove
			Change
		<u></u>	
			Remove
			□Change
		·	
			□Remove
			ПСЬ

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 tiling 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. Dated NOVEMBER 20TH Signature of a member or authorized representative of a member

E: E 655.00