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COVER LETTER

	istration Se ision of Cor						
VIOLECT.	Braden Rea	al Estate Florida 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:				
		Marc Offit					
			Name of Person				
		Braden Real Estate Florid	a LLC				
			Firm/Company		_	1	
		203 Island Drive				;	
		·	Address				
		Jupiter, Florida 33477			Car Maria Maria	PN 5: 35	٠ ١ ١
City/State and Zip Code mare@segoviapartners.com							
For further in	formation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)			
	TOTHIAMOTT C	oncerning ans matter, prease e	847 757-5959				
Marc Offit							
	Name of	i Person	Area Code Daytime	Telephone Numbe	er.		
Enclosed is a	check for th	ic following amount:					
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &		
	ing Address		Street Address: Registration Sec	tion			
Registration Section Division of Corporations			Division of Corp				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Ta		110		
1 (111	anassee, 1	14 フェントマ	2415 N. Monroe	Succe, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Braden Real Estate Florida 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 December 10, 2020 ____ and assigned Florida document number ______L20000386522 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Segovia Partner Florida LLC 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: (\cdot, \cdot) (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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fective date, if other than the date of filing:	be prior to dat applicable s	e of filing or me statutory filing	are than 90 day	(optional) is after filing ts, this date	ci Pors	suant to not be	605.020 listed a
ecord specifies a delayed effective date, but not an effe is filed.	ective time, a	i 12:01 a.m. c	on the earlier	of: (b) Th	ie 90t	h day a	ifter the
ted August 5	!						
	Self	Monage representative					

Filing Fee: \$25.00