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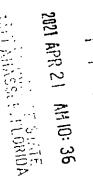
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## **COVER LETTER**

TO:

FO: Registration Sect Division of Corpo			
SUBJECT:Sc/	hultz Real Es-	tate Investment de Liability Company	ts, LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Larry	Schultz Name of Person	
	Schultz	Real Estate Inve	stments, LLC
	3451 QL	10015 St#634 Address	
	Saras	ota, FL 3423 City/State and Zip Code  oh schultz@gmoo  o be used for future annual report noti	/
	E-mail address (t	o be used for future annual report noti	nil, com fication)
For further information con	neerning this matter, please ca	di:	
Larry Name of I	Schultz	at ( <u>443</u> ) <u>398-</u> Area Code Daytim	- 72 70 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on February 15, 202/ and assigned Florida document number L 2 1 0 000 7 7 1 60 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 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 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 Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:		
MGR = MR $AMBR = AR$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Larry Schultz	3451 Queen 9 St.	□Add
	ν	#634	□Remove
		Sarasota, FL 342	31 XChange
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			2021 APR 2 ID Change At 10036
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			□Remove
			☐ Change
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			□Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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		D	Terris	Sch	ula-				
	S	ignature of a	member of a	authorized re	presentative o	if a member			
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Filing Fee: \$25.00