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- (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
- (Do	ocument Number)	<u></u>
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COVER LETTER

,TO:	Registration Se Division of Cor			
CUBIC		Realty, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	_
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Stephanie C Gavric		
		- · .	Name of Person	
		Fee Simple Realty, LLC		
			Firm/Company	
		915 E. Highland Drive		
			Address	
		Lakeland, FL 33813		
			City/State and Zip Code	
		gavricproperties@gmail.com	n to be used for future annual report notification)	_
For furt	h e r information o	concerning this matter, please c		
Stephan	nie C Gavric		863 944-5577 at ()	
	Nатіс с	of Person	Area Code Daytime Telephone Num	iber
Enclosed	d is a check for t	he following amount:		
₩ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, licate of Status & lied Copy onal copy is enclosed)
	Mailing Address Registration 1 Division of O P.O. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fee Simple Realty, LLC		
(Name of the Limited Lia (A Flo	bility Company as It now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 03-17-2021	and assigned
Florida document number L21000127043	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	*******	
(Mailing address MAY BE A POST OFFICE BOX)		
		• •
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new register
Name of New Registered Agent:		The state of the s
New Registered Office Address:		9
	Enter Florida street address	, 121
_	, Floric	
	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
AMBR	Spaso Gavric	915 E. Highland Drive	
		Lakeland, FL 33813	■Remove
			☐ Change
			□Add
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
		***************************************	Change

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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HC.	ve date, if other than the date of filing:
ccon	is 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 ed.
ted .	June 24 2021
	Signature of a member or authorized representative of a member
	Stephanie C Gavric

Filing Fee: \$25.00