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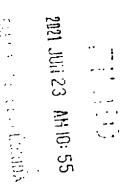
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PICK-UP	☐ WAIT	MAIL
- (Ru	siness Entity Name)	
(50	isiness Littly Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
		
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

subject: <u>5</u>	210 Real E	State Investmited Liability Company	nents, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mar	nge G KArA (Codio Revocable T
	5210 Real	_ Estate Inve	stments, LLC
	687 Cat	erPillar Run Address	
	Winter	garden, FL City/State and Zip Code	34787
	Monge Co E-mail address: (adio o gmailice to be used for futurannual report noti	fication)
For further information of	concerning this matter, please co	all:	
Monge Name o	Codio of Person	at (<u>68</u>) 3/2 Area Code Daytim	ie 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C	zorporanons	Division of Cor	poracions

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	687 Caterpillar Run
(Principal office address MUST BE A STREET ADDRESS)	Wintergarden, FL 3478
Enter new mailing address, if applicable:	687 Caterpillar Ruin-
(Mailing address MAY BE A POST OFFICE BOX)	Wintergorden, FL 3478
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			/ □Change
			□Add
			□Remove
			Change
			DbAG DbAG
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	/	/ 	□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			Change

If amending	any other info	rmation, enter	r change(s) he	re: (Attach additi	onal sheets, if n	ecessary.)	
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(If an effective da Note: If the d	ate is listed, the dat late inserted in th		and cannot be price of meet the appli	or to date of filing or recable statutory filings.	nore than 90 days a		
he record specif ord is filed.	fies a delayed eft	ective date, but n	not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90	th day after the
Dated	_ 6/	18	, 20	<u>2</u> 1.			
			fa mambar ar au	har met a constativ	e of a member		
	٨	1 1 2 2 2 2	Cad	ited name of signee			
		10nge	Typed or prin	nted name of signee			