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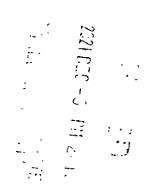
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A. BUTLER
DEC 15 2021

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		E COMMERCIAL REAL EST	ATEGROUP LLC	
SOBJECT		Name of Lin	nited Liability Company	·
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Mitash Kripalani		
			Name of Person	<u></u>
		RELIANCE COMMERCI	AL REAL ESTATEGROUP LLC	
			Firm/Company	
		3184 Sw 156 Place		
			Address	
		Miami Fl 33185		
			City/State and Zip Code	
		mitash@ccim.net	to be used for future annual report not	16 cint
For further	information c	oncerning this matter, please c	·	ancauvii)
Mitash Kri			786 2715598	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Englaced is	s a abarde firm th	ne following amount:		
	Filing Fee	S30.00 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)
	ailing Addres		<u>Street Address:</u> Registration Se	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIANCE COMMERCIAL REAL ESTATEGROUP LLC

20110E0 - 3 PN 2013

(Name of the Limited Liability Compan (A Florida Limited Lia	as it now appears on our	r records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000431788		3. Fe . [4]	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:		, enter the name of the new regis	— — stereo
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	\ ,	ир сма	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dut ovided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document i	

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Erum Kripalani	3184 Sw 156 Place Miami Fl 33185	∃ Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
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Affective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the I	block does not m Department of S	ieet the applicate's records.	ible statutory fili	ng requirement	s, this date will no	ot be listed as t
record specifies a delayed effecti d is filed.	ve date, but not	an effective tir	ne, at 12:01 a.m	on the earlier of	of: (b) The 90th	day after the
Pated		2021	_ ·			
	-	Mitash 1	Kripalani rized representativ	į.		
-	Signature of a n	nember or autho	rized representativ	e of a member	-	

Filing Fee: \$25.00