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(((H22000205883 3)))



H220002058833ABC/

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

E41	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CURRENT REAL ESTATE ADVISORS FL, LLC

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T. LEMIEUX IUN 15 2022

H22000205883 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STATE ADVISORS FL, LLC	
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records,) led Liability Company)	
The Articles of Organization for this Limited Liability Comparida document number <u>L22000231925</u> .	any were filed on May 27, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	e 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)		
	ce address on our records, enter the n	iame of the new registe
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:		
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u>-</u>
agent and/or the new registered office address here:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address	Zip Code

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

H22000205883 3 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>	<u>Address</u>	Type of Action
VP	Donald A. Snyder	523 NW 26th Street	<b>=</b> Add
••		Miami, FL 33127	□Remove
			Change
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Rепюче
			Change
		<u></u>	□Remove
			Change

H22000205883 3

f amen	ding an	y other ir	formatic	on, enter	change(s	s) here: (	Attach ad	ditional s	heets, if r	ecessary.,	)	
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