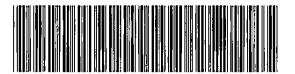
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		istration Sec sion of Corp				
CUD IE		BRG Real Es	state Florida, LLC			
SUBJEC	CI:	-	Name of Lim	ited Liability Company		
			mendment and fee(s) are sub-	·		
				Name of Person	·-	 .
			BRG Real Estate Florida L	LC		
				Firm/Company		
			1309 Professional Drive			
				Address		
			Myrtle Beach, SC 29577			
				City/State and Zip Code		
			info@innovateonline.com E-mail address: (1	to be used for future annual	report notification)	
For furth	ner in	formation co	ncerning this matter, please ca	all:		
Darren \	Wood	lard		843 267 at ()	7-4627	
		Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a	check for the	following amount:			
□ \$25.	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

BRG Real Estate Florida, LLC		
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 9.27.2022	and assigned
Florida document number L22000421652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Innovate Real Estate, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	22
		ST P
		SF MAR
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7
manus mir Bant og tot troat 2012		ڼ
•		-
B. If amending the registered agent and/or register	ed office address on our records, enter th	
agent and/or the new registered office address here	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□Remove
			□Remove
			☐ Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	it be specific and ock does not r	d cannot be prior meet the applica		ore than 90 days afte		
record specifies a delayed effective d is filed.	e date, but not	t an effective tii	me, at 12:01 a.m. (on the earlier of: (b) The 90th day a	ifter the
		2024				
March 7						
Dated March 7		,	 ·			
Dated March 7	Signature of a	,	rized representative	of a member		

Filing Fee: \$25.00