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| Special Instructions to I | Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SOVERIG SUBJECT: | N REALTY ASSOCIATES, L | LC | · | |
|---|--|---|--|--|
| Name of Limited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Stephen King | | | |
| | , | Name of Person | | |
| | Sovereign Realty Associates, LLC | | | |
| | Firm Company | | | |
| | 15310 AMBERLY DRSTE 180TAMPA, FL 33647 | | | |
| | Address | | | |
| | Tampa Fl 33647 | | | |
| | City/State and Zip Code | | | |
| | steveking64@gmail.com E-mail address: t | to be used for future annual report no | uification) | |
| For further information of | concerning this matter, please c | | | |
| Stephen King | | 678 779-1454 | | |
| Name o | of Person | Area Code Daytir | ne 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres | | <u>Street Address:</u> Registration So | ection | |
| Registration Section Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOVERIGN REALTY ASSOCIATES, LLC

| Liability Company) | |
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| were filed on $\frac{09/22/2027}{}$ | and assigned |
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| ility company here: | |
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| lity Company," the designation | n "LLC" or the abbreviation "L.L.C." |
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| | enter the name of the new registere |
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| performance of my dut provided for in Chapter | y. I further agree to comply with th ies, and I am familiar with and : 605, F.S. Or, if this document is irm that the limited liability |
| | ility company here: lity Company," the designation address on our records, Enter Florida street. City ee to act in this capacity performance of my dute provided for in Chapter |

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>Fitle</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) of meet the applicable statutory filing requirements, this date will not be listed as the |
| ne record specifies a delayed effective date, but a ord is filed. | not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated October 10 | 2023 |
| Signature of | f a member or authorized representative of a member |
| Stephen King | |
| | Typed or printed name of signee |