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(Requesto	or's Name)	
(Address)	ı	
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(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
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(Docume	nt Number)	
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2022 APR 28 PM 2: 07
SECRETARY OF STATE

Y. SCOTT JUN 2 1 2022

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT: 7/	REE CITY 1	ZEAL ESTOTE	:, LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		/	
	MARK	L. HULTS	SLANDER
		Name of Person	202 .
	TREE CI.	TY REAL ES	JAR LAG T
		Firm/Company	28
	1455 90	TH AVE # 43	RY OF STATE
		Address	E.T. 2:
	VERO BE	Name of Person Ty Real Es Firm/Company H AVE # 43 Address City/State and Zip Code 1 + S G O der O der to be used for future annual report no	32964 = 3
		City/State and Zip Code	
	Markhu	11tslander@	gmail. Gom
			Mication)
For further information of	oncerning this matter, please co	all:	
MARK H	W/tslander	at (<u>772)</u> 100 Area Code Daytin	6343
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREE CITY REAL ESTATE, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	were filed on $\frac{4/20/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here: REASSURANCE REALTY, LL
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1455 90+H AVE # 43 VERO BEARLI FL 32966
(Principal office address MUST BE A STREET ADDRESS)	VERO BEACH, FL 32966
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1455 90TH AVE # 43 VERO BEACH, IL 32966
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: 1455 VERO	90 th AVE # 43 Enter Florida street address BUNCH, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zi Node
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 duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			ZOZZ APR 28 SEURETARY TALLAHAS
			APR 28 PM 2: 07 RETARY OF STATE LLANASSEE, FL
			□Add
			□Remove
			□Change
			□Add
		<u></u>	Remove
			☐ Change
			
			□Remove
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(If an effe Note: 1	ve date, if other than the date of filing:
he record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	04/22/2022
	M/m/ L/ 1/ 1/
	Signature of a member or authorized representative of a member
	MARK L. HULTSLANDER
	Typed or printed name of signee