## 121000217678

(Re	equestor's Name)	
(Ac	ddress)	
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		<del>.</del>
(Cri	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only 5.C.



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## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
	/ 17th Avenue Real Estate Holdii	igs LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre-	spondence concerning this matter	to the following:		
	James Stiles			
		Name of Person		
		Firm <sup>2</sup> Company	<del></del>	
	10023 Chesapeake Bay Dr			
		Address		
	Ft Myers FL 33913			
	stiles2j@aol.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report noti	fication)	
For further informatio	n concerning this matter, please e	all;		
Jim Stiles		219 805-1450 at ()		
Nam	Name of Person Area Code Daytime Telephone Numb		e Telephone Number	
Enclosed is a check fo	r the following amount:		÷	Ø
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee c Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4532 SW 17th Avenue Real Estat					
( <u>Name of the Lin</u>	nited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)		_
The Articles of Organization for this Limited	Liability Company	were filed on May	10. 2021	ar	nd assigned
Florida document number L21000217678					C
This amendment is submitted to amend the fo	Howing:				
A. If amending name, enter the new name	of the limited liah	oility company here	;		
he new name must be distinguishable and contain the	words "Limited Liab	tlity Company," the desig	gnation "LLC" or the a	abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		10023 Chesapeake	Bay Dr		
Principal office address MUST BE A STREET ADDRESS)		Ft Myers FL 33913	3		
		<del></del>			
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		10023 Chesapeake	Bay Dr		
		Ft Myers FL 33913			
					<i>Œ</i>
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office : ess here:	address on our reco	ords, <u>enter the nar</u>	ne of the	e new regis
				1	;
Name of New Registered Agent:	James H. Stiles	:		A 11: 21	
New Registered Office Address:	10023 Chesape	ake Bay Dr		24	
		Enter Florida	street address		
	Ft Myers		, Florida <u>33</u>	3913	
		City		Zip (	ode

## 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>	<u>Name</u>	Address	Type of Action
MGR	1031 Reverse Exchange Company LLC	1520 Royal Palm Sq Blvd 320	
		Ft Myers FL 33919	⊡Add [*Remove
MGR	James H Stiles	10023 Chesapeake Bay Dr	<u>i</u> ≚Add
		Ft Myers FL 33913	□Remove
			□Change
<del></del>			□Adđ
			□Rem <b>d</b>
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			Chance

Typed or printed name of signee