

L23 000 083 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

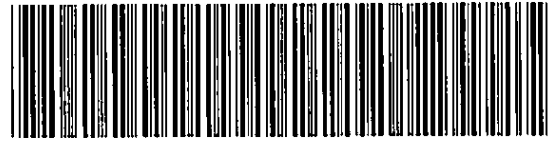
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300406890093

04/24/23--01021--021 **25.00

SECRET
2023 APR 24 PM 3:49
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2439 Southridge Road LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Livingston
Name of Person

Firm/Company

4 McLean St
Address

Simsbury
City/State and Zip Code

CT 06070
E-mail address: (to be used for future annual report notification)

SECRET
2023 APR 24 PM 3:49

For further information concerning this matter, please call:

Joshua Livingston 860 655-6089
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

2439 Southridge Road LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/15/2023 and assigned Florida document number L23000083980.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4 McLean St
Simsbury CT 06070

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4 McLean St
Simsbury CT 06070

2023 APR 24 PM 3:49
SOCIETY OF PROFESSIONAL ACCOUNTANTS

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Joshua Livingston

New Registered Office Address: 2439 Southridge Road
Enter Florida street address

Delray Beach, Florida 33444
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.

DocuSigned by:
Joshua Livingston
E8ACF49C3B4D48E

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>	<u>Address</u>	<u>Type of Action</u>
MGR	1031 Reverse Exchange Co LLC	15671 San Carlos Blvd 101	<input type="checkbox"/> Add
		Ft Myers FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua Livingston	4 McLean St	<input checked="" type="checkbox"/> Add
		Simbury CT 06070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2022 APR 29 PM 3:49
SECURITY
MAIL ROOM

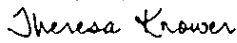
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 APR 21 PM 3:49
 SECRETARY OF STATE
 TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 4/19/2023 (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated April 19 2023

DocuSigned by:


OF 117D05C0924DD
 Signature of a member or authorized representative of a member

Theresa Knowler, Manager of 1031 Reverse Exchange Company LLC
 Typed or printed name of signee