

L230000392869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV 27 AM 10: 04

FILED

A. PARISHANI

DEC 10 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 20103 Eagle Stone Dr LLC

Name of Limited Liability Company

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV 27 AM 10:04

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

Please return all correspondence concerning this matter to the following:

Kieu Okuley

Name of Person

Firm/Company

PO Box 436

Address

Continental OH 43512

City/State and Zip Code

qokuley@okuleypharmacy.com

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

For further information concerning this matter, please call:

Kieu Okuley

419 439-2395

at ()

Name of Person

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2023 NOV 27 AM 10:04
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20103 Eagle Stone Dr 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 8/21/2023 and assigned Florida document number L23000392869.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

21301 Raod D DR02

(Principal office address MUST BE A STREET ADDRESS)

Continental OH 45831

Enter new mailing address, if applicable:

PO Box 436

(Mailing address MAY BE A POST OFFICE BOX)

Continental OH 43512

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:

Kieu Okuley

New Registered Office Address:

20103 Eagle Stone Dr

Enter Florida street address

Esteros

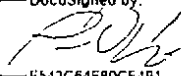
Florida 33928

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:

F543C64F80CF481

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	<input type="checkbox"/> Add
		Ft Myers FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	O'Sunny Day Properties LLC	PO Box 436	<input checked="" type="checkbox"/> Add
		Continental OH 43512	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 AND BUSINESS REGISTRATION
 2023 NOV 27 AM 10:01

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

2023 NOV 27 AM 10:04
 DEPARTMENT OF STATE
 DIVISION OF CORPORATION
 TALLAHASSEE, FLORIDA

FILED

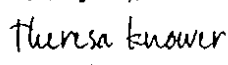
E. Effective date, if other than the date of filing: 11/20/2023 (optional)

(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 November 20 2023

DocuSigned by:


Signature of a member or authorized representative of a member

Theresa Knower, Manager of 1031 Reverse Exchange Company LLC

Typed or printed name of signee