## L23000182957

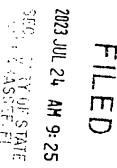
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## **COVER LETTER**

Division of Co		-	* * * * * * * * * * * * * * * * * * *	•
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SUBJECT: POLK RE	IT LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles o	Name of Person  Area Code  Daytime Telephone Number  at (			
Please return all corresp	oondence concerning this matter	to the following:		
	TABITHA A. TAYLOR			
		Name of Person		
	BRYANT TAYLOR LAW			
		Firm/Company		
	261 N UNIVERSITY DRI	VE, SUITE 500		
		Address		
	PLANTATION, FL 33324			
	INFO@SBTTLAW.COM	City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please c			
TABITHA A. TAYLOR				
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status of Certified Copy	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
	Corporations	Division of Co		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLK REIT LLC

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp Florida document number L23000182957	pany were filed on APR	IL 13, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our rec	SOUTH ASSET OF ASSET	# D
Name of New Registered Agent:			
	-	· ·	
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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i an efi	t <mark>ive date, if other</mark> Fective date is listed, t	ne date must be st	ecific and ca	nnot be prior	to date of fili	ng or more that	i 90 days after	r filing.) Pursuai	nt to 605.0207
Note:	If the date inserted nent's effective date	in this block d	oes not mee	et the applic	able statutor	y filing requ	irements, thi	s date will not	be listed as
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	April 22		,	2023					
Dated	April 23		•	2025					
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	——————————————————————————————————————	/ Sign:	Hite of a mei	mber or authi	orized represe	entative of a m	ember		