

L12000079355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

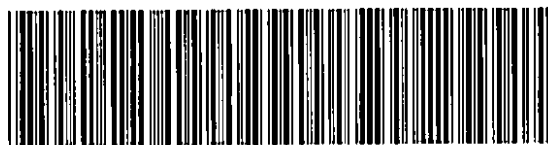
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 06/21/2021

Acc#120160000072

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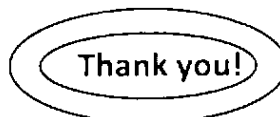
Name:	Conquest Income Holdings LLC
Document #:	
Order #:	13738830

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Ref# _____

Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conquest Income Holdings LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Conquest Income Holdings I.L.C.

(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 6/14/2012 and assigned Florida document number L12000079355.

This amendment is submitted to amend the following:

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

STORE SPE Conquest 2021-2, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

8377 E. Hartford Dr., Ste. 100

Scottsdale, AZ 85255

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8377 E. Hartford Dr., Ste. 100

Scottsdale, AZ 85255

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

CT Corporation System

Jin Song

Jin Song, Assistant Secretary

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>
Manager	Mary Fedewa	8377 E. Hartford Dr., Ste. 100	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Catherine Long	8377 E. Hartford Dr., Ste. 100	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Chad Freed	8377 E. Hartford Dr., Ste. 100	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Robert S. Berg	9500 South Dadeland Blvd., Ste 80	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Steven M. Wemple	9500 South Dadeland Blvd., Ste 80	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (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 June, 2021

- DocuSigned by:

Catherine Long

- 130E730A87E7459

Signature of a member or authorized representative of a member

Catherine Long

Typed or printed name of signee