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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALMADEFF & SITTERSON

Account Number : I20060000135 Phone

: (305)789-3200

Fax Number

: (305)789-4137

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Enail Address:_____Julie@masgroupcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORT MYERS RE HOLDINGS, LLC

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MAY 29 2024 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORT MYERS RE HOLDINGS, LLC	_	
(Name of the Limited Liability Company (A Florida Limited Liab	as is now appears on our records.)	-
The Articles of Organization for this Limited Liability Company we Florida document number L14000053386	ere filed on 04/01/2014	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liabilit	y 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:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the na	me of the new registere
Name of New Registered Agent:		~ 7
New Registered Office Address:	Enter Florida street address	OF ST
New Registered Agent's Signature, if changing Registered Agent:	Ciry	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further a erformance of my duties, and I an	gree to comply with the 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>	Name	Address	Type of Action
Authorized Person	Scott McGuigan	2990 Ponce de Leon Blvd.	≅Add
		Suite 500	Remove
		Coral Gables, FL 33134	☐ Change
			□Add
			□Remove
		,	DAdd
			□Remove
			□Change
·			□Add
			□Remove
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			CRemove
	·		Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary:)
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<u>.</u>	
Effecti (If an affi Note: docum	ive date, if other than the date of filing: (optional) tetive 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 605 020 If the date inserted in this block does not meer the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
ie record and is fil	d 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
Dated	May 28. , 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25:00