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COVER LETTER

TO: Registration S Division of Co			
	N REHT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JIM PUENTE, CPA		
		Name of Person	
	CHEPENIK PUENTE & :	STEIN, CPA'S	
		Firm Company	
	11120 N. KENDALI, DR	IVE, STE 200	
		Address	
	MIAMI, FL 33176		
		City/State and Zip Code	
	MARLENE & CPSCPAS.C		
	É-mail address	to be used for fixture annual report not:	fication)
For further information e	concerning this matter, please c	all:	
ЛМ PUENTE, СРА		305 273-800	
Name o	il Person	at ()	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	. 7	The Centre of T	allahassee
Tallahassec, l	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHIGAN REH I, LLC					
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears on ou Jabihty Company)	r records.)		
The Articles of Organization for this Limited Liab Florida document number L14000118358	pility Company	were filed on <u>07/28/201</u>	4	_ and assigned	1
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabi	ility company here:			
NiA				2019	
The new name must be distinguishable and contain the word	ds "Limited Liabili	ity Company," the designati	on "LLC" or the abbre	ligition "L. E.E."	
Enter new principal offices address, if applicab	ole:	N/A	:	 ∑	
(Principal office address MUST BE A STREET	ADDRESS)			· ~	····
				<u> </u>	4)
Enter new mailing address, if applicable:		N/A	-	2: 06	-
(Mailing address MAY BE A POST OFFICE BO	<u>(2X)</u>				
				· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ddress on our records	. <u>enter the name o</u>	the new reg	istered
Name of New Registered Agent:	N/A			····	
New Registered Office Address:					
		Enter Florida strec	rt address		
			, Florida		
		Cuy	•	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.

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>N</u> ame	<u>Address</u>	Type of Action
MGR	CARBONE, SEBASTIANO	848 BRICKELL KEY DRIVE, APT. 1201	□ Add
		MIAMIL FL 33131	<u>≅</u> Remove
			□Change
MGR	DE CARBONE, MARIA S	848 BRICKELL KEY DRIVE, APT, 1201	□Add
		MIAMI, FL 33131	■Remove
			🗀 Change
MGR	CARBONE, ANGELICA	848 BRICKELL KEY DRIVE, APT. 1201	宣Add
		MIAMI, FL 33131	□Remove
			□Change
MGR	CARBONE, LILIANA	848 BRICKELL KEY DRIVE, APT. 1201	
		MIAMI, FL 33131	Remove
			□ Change
			🗀 Add
			TRemove
			DChange
			
			□ Remove

Page 2 of 3

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Signature of a member or authorized representative of a member			
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	3	grandic of a member of authorized representative (or a member
SEBASTIANO CARBONE		Typed or printed name of signer	

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Filing Fee: \$25.00