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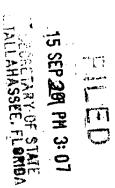
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

D	egistration Sec ivision of Cor		··	
` SUBJECT	. WELLER R	EAL ESTATE HOLDINGS,	LLC	
SUBJECT	-	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing	
		ndence concerning this matter	•	
ricase retu	im an correspoi	idence concerning this matter	to the following.	
		WOLFGANG WELLER		
			Name of Person	
			Firm/Company	
		FUELLER STRASSE 2/4		
			Address	
		70839 GERLINGEN GER	MANY, GE	
			City/State and Zip Code	
		W.WELLER@WWP.DE		
		·	to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	all:	
THERESA	KNOWER		239 333-1031 X11: at ()	5
	Name of	Person	Area Code Daytime 1	Telephone Number
Enclosed is	s a check for th	e 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

WELLER REAL ESTATE HOLDIN						
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Lia Florida document number L15000042638	ability Company	were filed on 3/9/2015	and assigned			
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	ility company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	tion "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)		100 NORTH BISCAYNE BLVD.				
		SUITE 2100				
		M1AM1, FL 33132				
		100 NORTH BISCAYNE BLVD. SUITE 2100				
		MIAMI, FL 33132				
B. If amending the registered agent and/oregistered agent and/or the new registered off			name of the new			
Name of New Registered Agent:	FLORINDA HO		न् ।।।			
		SCAYNE BLVD. SUITE 2100	2: C			
		Enter Florida street address	ယ			
	MIAMI	, Florida ³³¹³²				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Lougang Leller

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>	Type of Action
MGRM	1031 REVERSE EXCHANGE CO	1520 ROYAL PALM SQ. BLVD.	
		STE 320, FT MYERS, FL 33919	■ Remove
			☐ Change
MGRM	FLORINDA HOMES, LLC	100 NORTH BISCAYNE BLVD	■ Add
		STE 2100	□ Remove
		MIAMI, FL 33132	☐ Change
			Add
			☐ Remove
			☐ Change
			Add SS Remove
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		8/21/2015						
ffective date, if other than the d an effective date is listed, the date must b	ate of filing	g:	r to date of fili	no or more than	(option	al) ing) Pursu	ant to 6	05 0207
lote: If the date inserted in this bloc	k does not m	neet the applic	cable statuto					
ocument's effective date on the Dep	artificiti of S	tate's records	.					
e record specifies a delayed (effective d	late, but no	ot an effec	tive time, a	t 12:01 a.r	n. on th	e ear	lier of:
The 90th day after the recor		,						
, AUGUST 21		2015						
ated	;		<u> </u>					
Jhurusa Yn	00911	١)						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00