	Florida Department of State Division of Corporations
	Electronic Filing Cover Sheet
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	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : VCORP SERVICES, LLC Account Number : 120080600067 Phone : (945)425-0077 Fax Number : (845)818-3588
**Ēr	nter the email address for this business entity to be used for future
	Email Address:
PH 2: 33	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEFF REAL ESTATE LLC
2020 FEG 11	Certificate of Status0Certified Copy0Page Count04Estimated Charge\$25.00
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEFF REAL ESTATE LLC		2020
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	<u>rids.)</u>
The Articles of Organization for this Limited Liab Florida document number		and assigned
his amendment is submitted to amend the follow	ing:	· 00
A. If amending name, <u>enter the new name of th</u>	<u>re limited liability company here</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liability Company." the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>
Principal office address MUST BE A STREET.	ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		er the name of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
<u>, tew registered Office Address</u> .		
<u>New Register (LOTTee Marcos</u> ).	Enter Florida street add	Florida

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Pier S. Bjorklund	<u>Address</u> 205 Worth Avenue, Ste. 201-O	Type of Action
	· · · · · · · · · · · · · · · · · · ·		🗖 Add
		Palm Beach, FL 33480	_ 🗆 Remove
			□Change
MGR	Loretta A. Neff	205 Worth Avenue, Stc. 201-O	-
	<u> </u>	Palm Beach, FL 33480	
		i	
			Change
MGR	Jean Schröeder	205 Worth Avenue, Ste. 201-O	DbbA
		Palm Beach, FL 33480	
		<u></u>	
<u></u>	<u> </u>		💷 🖂 Add
			CRemove
			□Change
			🖸 Add
			Remove
			🗆 Change
			🗆 Add
			🗆 Remove

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	<b>.</b> .	 ··· · -·	
			<u> </u>
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tive date, if other than the date of focuive date is listed, the date must be spe	of filing:	(optional)	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

August 10	2020
Dated	······································
	Signature of a moniber or authorized representative of a member
Pier S. Bjorklund	
+- <b>-</b>	Typed or printed name of signee