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2020 JUL -2 PH 6: 29

AUG 1 4 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT: RE	Direct Propert	Management, ited Liability Company	<u>LLC</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jennifer	Name of Person			
	RE Direct	Property Manag	gement LLC		
	1540 Hig	nland Ave			
	Melbourn	e FL 329 City/State and Zip Code	35		
	dreynolds E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please co	alt:			
Debbie Name o	Reynolds	at (<u>321</u>) <u>254</u> . Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
\$\$25,00 Filing Fee	S30.00 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	Section	<u>Street Address:</u> Registration Se			
Division of C		Division of Corporations			
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE Direct Proper	ty Manage	ement LLC	 ह		
(A Florida Lin	nited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on _	8-17-17	and assigned		
Florida document number	3		2 2		
This amendment is submitted to amend the following:			<u>خ</u>)		
A. If amending name, enter the new name of the limited	l liability company l	nere:	29		
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 ADDRES	<u></u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our	records, <u>enter the na</u>	me of the new registered		
Name of New Registered Agent:					
N D 14 1007 All 14					
New Registered Office Address:	Enter Fle	orida street address			
	. Florida				
	City		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>Name</u>	Address	Type of Action
MGR	Jennifer Louise Marin	1470 Talamore St Viera, FL 32940	[X \dd
	1100(1)	Alexal Co or a	Remove
			□Change
mur	Frank D Schrader	565 Montreal Ave	🗀 Add
		Melbourne, FL 32935	Remove
		<u></u>	□Change
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effective date te: If the date	e inserted in this bl	date of filing: the specific and cannot cock does not meet the epartment of State's	h e applicable stat	f filing or more autory filing re	(option than 90 days after fi quirements, this o	ling.) Pursuant	to 605.02 be listed :
cord specifies s filed.	s a delayed effectiv	e date, but not an ef	fective time, at 1	2:01 a.m. on t	he earlier of: (b)	The 90th da	y after th
cd	ne 29,	2020					
	SU	Signature of a meint	er or authorized re	QNN presentative of	member		

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Filing Fee: \$25.00