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COVER LETTER

| Division of Corporations |
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| SUBJECT: RET Profecties LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MARK W BAILEY Name of Person |
| REI Properties LLC |
| 4472 Qual Hollow 2d |
| CRANGE PARK Flue IAA 32065 City/State and Zip Code KABON Oductions @ Comcast Net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MARK Bailey at (904) 742-1578 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status 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

| REI Properties L | LC |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Jiability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 4700180/65. | were filed on $8/34/20/7$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | CLLC |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9526 ARGYLE FORREST BIND |
| (Principal office address MUST BE A STREET ADDRESS) | Ste. B2 # 445 JACKSONVILLE FloRIDA 32222 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9526 ARGY/e Forrest B/VD Ste B2 # 445 JACKSONUILLE, Florida 32222 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: MAR | K W. Bailey |
| New Registered Office Address: 9526 A | RGY/C FORICS+ BIVD Enter Florida street address |
| _ Jack | SONUITC, Florida 32272 Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | lanager Authorized Member | | |
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