## 117000194364

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			*
SUBJE(		ullivan Real Estate Holdings, I	LC	
SUBJE	C1	Name of Lim	ited Liability Company	<del> </del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
	·	Leslie A. Sullivan		
			Name of Person	
			Firm/Company	<u>.</u>
		Box 1026, 196 Bow Lane		
			Address	_
		Conway, NH 03860		
			City/State and Zip Code	
		blsullvn@roadrunner.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please ca	all:	
Theresa	Knower		239 333-1032 x1	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

Leslie A. Sullivan Real Estate Hol	- '	
(Name of the Lim	ited Liability Compa (A Florida Limited l	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited I	Liability Company	were filed on 9/19/2017 and assigned
Florida document number L17000194364	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liab	pility company here:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1687 Hibiscus Dr.
(Principal office address MUST BE A STREET ADDRESS)		Sanibel, FL 33957
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Box 1026 196 Bow Lane
		Conway, NH 03860
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ALL SEC
Name of New Registered Agent.		AS AS
New Registered Office Address:	1687 Hibiscus	Dr. GR
	Sanibel	, Florida 339576.
New Registered Agent's Signature, if changing	Registered Agents	City Zip Code C

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
MGRM	1031 Reverse Exchange Co. LLC	1520 Royal Palm Sq. Blvd. 320	□ Add
		Fort Myers, FL 33919	■ Remove
			Change
MGRM	Leslie A. Sullivan, as Trustee	Box 1026, 196 Bow Lane	
		Conway, NH 03860	☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
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			<b>P</b> 7.
ffective date, if other t	4/2/2018	(onti	onal)
an effective date is listed, the	date must be specific and cannot be prior to n this block does not meet the applicab	date of filing or more than 90 days after	r filing.) Pursuant to 605.02
ocument's effective date	on the Department of State's records.	ne statutory ming requirements, un	s date will not be listed
e record specifies a c The 90th day after	lelayed effective date, but not he record is filed.	an effective time, at 12:01	a.m. on the earlier
ated	2018	_•	
Pour a	ra Morun	ized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00