

118000026851

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(City/State/Zip/Phone #)

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N COOPER

JUL 12 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kenneth Levy Real Estate Holdings, 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:

Kenneth Levy

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

22901 Bayshore Rd.

\_\_\_\_\_  
Address

Punta Gorda, FL 33950

\_\_\_\_\_  
City/State and Zip Code

kennethlevy@comcast.net

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Knowler

239

333-4910

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

Kenneth Levy Real Estate Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/30/2018 and assigned  
Florida document number L18000026851

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

22901 Bayshore Rd.

**(Principal office address MUST BE A STREET ADDRESS)**

Punta Gorda, FL 33950

**Enter new mailing address, if applicable:**

22901 Bayshore Rd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Punta Gorda, FL 33950

SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kenneth D. Levy

New Registered Office Address:

22901 Bayshore Rd.

*Enter Florida street address*

Punta Gorda

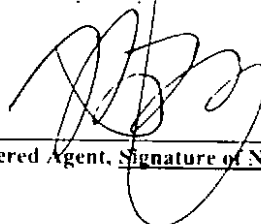
Florida 33950

*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>	<u>Address</u>	<u>Type of Action</u>
MGRM	1031 Reverse Exchange Comp	1520 Royal Palm Sq. Blvd. 320	<input type="checkbox"/> Add
		Fort Myers, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Kenneth D. Levy	22901 Bayshore Rd.	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

18 JUL 10 PM 11:29

STATE DEPT OF  
DIVISION OF REVENUE

E. Effective date, if other than the date of filing: July 3, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated July 3 2018

Theresa Knowler

Signature of a member or authorized representative of a member

Theresa Knowler, Manager of 1031 Reverse Exchange Company, LLC

Typed or printed name of signee