## L18000130178

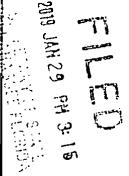
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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TO: Registration Se Division of Cor			
SUBJECT: Michael			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael Fromm		
		Name of Person	
		Firm/Company	
		Address	29
	Lioncoln, NE 6850	02	
	mfromm@epicrop.c	com	23
For further information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notifiall:	2019 JAN 29 PH 3:
Janet Davis		at ( 239 ) 333-4460	en en
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)

**COVER LETTER** 

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

Michael Fromm Real Estate			<u> </u>
(Name of the Limited	Liability Compa	ny as it now appears on our records.) Jability Company)	1
,,	C IVIII C IVIII C I	Zaziniy Company)	
The Articles of Organization for this Limited Lial	bility Company	were filed onMay 24, 2018	and assigned
Florida document numberL18000130178			
Torrida document manace	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited l <u>i</u> abi	ility company here:	}
•			
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:	2540 Woodcrest Ave	
Principal office address MUST BE A STREET		Lioncoln, NE 68502	<u> </u>
Trincipal office address (403) DE ASTREET	ADDRESS		_ <del>_</del>
		2540 Woodcrest Ave	
Enter new mailing address, if applicable:			<del></del>
<u>Mailing address MAY BE A POST OFFICE B</u>	<u>OX)</u>	Lioncoln, NE 68502	
B. If amending the registered agent and/or	• * *		the name of the nev
registered agent and/or the new registered offi	ce address here	<u>-</u>	
			. \ ~3
Name of New Registered Agent:	Ingrid Win	gs	
New Registered Office Address:	1204 SW 2	8th St	五 左
New Neglatered Office Padgess.	Enter Florida street address		<i>i</i> √ N
	Cape Cora	al . Florida	33914 - 773
		City	"Zip Codes"
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist-being filed to merely reflect a change in the recompany has been notified in writing of this cl	· and complete ered agent as p gistered office han <mark>g</mark> e.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or, address, I hereby confirm that the lit	familiar with and if this document is
		(1010 a Cleaned)	1

Page 1 of 3

If amending	g Authorized Person(s) authorized to man from our records:	age, enter the title, name, and address of eac	  h_person_being_added 
MGR = N			
<u>Title</u>	Name	Address	Type of Action
MGRM	1031 Reverse Exchange Company	1520 Royal Palm Square Blvd, Suite 320, —Ft Myers, FL 33919	□ Add
			□ Remove
			☐ Change
MGRM	Michael Fromm	2540 Woodcrest Ave, Lincoln NE 68502	□ <sub>x</sub> Add
			□ Remove
			Change
			Add
		- <del></del>	 
			Change
			DAdd T
		<del></del>	□-Remove
			<del></del>
			Ghange C
			Remove
			Change
			Remove
			☐ Change

. If amending any other information, enter change(s) here: tAttach additional sheets, if necessary.)	
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	1: <del>"</del>
Effective date, if other than the date of filing: 12/3/2018 (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.) I Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or ) The 90th day after the record is filed.	n the earlier of:
Dated December 3 2018	
Theresa Knower	
Signature of a member or authorized representative of a member	<del></del>
Theresa KnowerMgr of 1031 Reverse Exchange Co LLC	
Typed or printed name of signee	i
Page 3 of 3	

Filing Fee: \$25.00