

L18000130178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 JAN 29 PM 3:15  
TAMPA FLORIDA

D. BRUCE  
FEB 04 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Michael Fromm 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:

Michael Fromm

Name of Person

Firm/Company

2540 Woodcrest Ave

Address

Lincoln, NE 68502

mfromm@epicrop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Davis

Name of Person

at ( 239 )

Area Code

333-4460

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Michael Fromm 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 May 24, 2018 and assigned  
Florida document number L18000130178.

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:**

2540 Woodcrest Ave

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

Lioncoln, NE 68502

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

2540 Woodcrest Ave

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

Lioncoln, NE 68502

**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:

Ingrid Wings

New Registered Office Address:

1204 SW 28th St

Enter Florida street address

Cape Coral

City

Florida

33914

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

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2018 JAN 29 PM 3:15  
CLERK OF COURT  
JAN 29 2018  
CLERK OF COURT

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 Company	1520 Royal Palm Square Blvd, Suite 320, Ft Myers, FL 33919	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael Fromm	2540 Woodcrest Ave, Lincoln NE 68502	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2019 JAN 29 PM 3:16

**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.

Dated December 3, 2018

Theresa Knowler

Signature of a member or authorized representative of a member

Theresa KnowerMgr of 1031 Reverse Exchange Co LLC

Typed or printed name of signee