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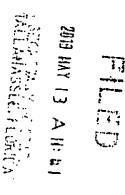
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COVER LETTER

TO:	Registration Se Division of Cor		.•	<i>:</i>
CUDI	170 ESTA	TE LLC		
SUBJ	IECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		ISABELLE HORVATH		
			Name of Person	<u> </u>
		170 ESTATE LLC		
			Firm/Company	
		6095 BATHEY LANE		
		NAPLES, FL 34116		
		REDEMPTIONAM1220@	City/State and Zip Code GMAIL.COM	
		E-mail address: (to be used for future annual report notific	cation)
For fu	orther information co	oncerning this matter, please ca	ali:	
ISABELLE HORVATH			239 2903464 at ()	
	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
₽ \$2	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

170 ESTATE RENTAL LLC

FILED

(Name of the Limited (A	Liability Company Florida Limited Lia	y as it now appears or ability Company)	Lour records.)	Λ 11· in 4
			•••	
The Articles of Organization for this Limited Liab	oility Company w	vere filed on 08/01/	2018,	$\frac{v^{-1}}{v^{-1}}$ and assigned
Florida document number L18000184184	 ·	TA.	Leahasul	t. N. Charles
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the	he limited liabili	ity company here:		
1013 TRAIL TERR LLC				
he new name must be distinguishable and contain the word	ds "Limited Liability	y Company," the desig	nation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	1013 TRAIL TERM	RDR	
Principal office address MUST BE A STREET.		NAPLES, FL 3410)3	
Inter new mailing address, if applicable:				
• • • • • • • • • • • • • • • • • • • •	av.			
Mailing address MAY BE A POST OFFICE BO	<u>)A)</u>			
			 .	
If amending the registered agent and/or egistered agent and/or the new registered office			ir records, g	enter the name of the
Name of New Registered Agent:	NA			
New Registered Office Address:				
New Registered Office Address.		Enter Florida	street address	
			, Flori	do

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>	Name	Address	Type of Action
		NA 	
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
		NB-,1881	Add
			□ Remove
			Change
			□ Remove
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			Add
			Remove
			Change

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				<u> </u>		
If an effectiv Note: If th	late, if other than the e date is listed, the date mu ie date inserted in this b is effective date on the D	est be specific and can lock does not meet	not be prior to date of the applicable stat			
	specifies a delayed th day after the rec		e, but not an ef	fective time, at	12:01 a.m. on the	e earlier of
Dated	5/6/19	,				
			· / / ///			
		Signature of a men	ber or authorsed ren	resentative of a memb	er	

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Filing Fee: \$25.00