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(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	ision of Corpo		•	
SUBJECT:	REO	INVESTMENT	TRUST, L	LC
		Name of Lim	ited Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Robert	Name of Person	
		REO IN	VESTMENT T	nust, LLC
		2560 NE	200th St Address	
		MIAMI	FL. 33180 City/State and Zip Code	<u> </u>
		Robert E-mail address:	to be used for future annual report noti	ellum. com
For further i	nformation con	cerning this matter, please c		
Rob	Name of P	Davis	at (<u>786)</u> <u>916-6 (</u> Area Code Daytim	568 310 869 - 707 ge 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

INVESTMENT TRUST REO (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 02/22/2019 and assigned Florida document number 4 1900 005 2030. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DEWEY 5ELLUM and HOWE LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

_____. Florida ____

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
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
		/	☐ Change
		/	
			□ Remove
			Change
			O Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Aðd
			☐ Remove
			☐ Change

		
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	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan does not meet the applicable statutory filing requirements, this date will not	
e record specifies a delayed eff The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier o
ated 04 / 18	2019	
	Robert A.) (
	nature of a member or authorized representative of a member	

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Filing Fee: \$25.00