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COVER LETTER

TO:		istration Secti ision of Corpo						
CHDIC	ст.	ReWeb Real I	Estate, LLC					
SUBJE	Name of Limited Liability Company							
The end	losed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.				
Please 1	return	all correspond	lence concerning this matter	to the following:				
			Kyle McLaughlin					
				Name of Person				
			ReWeb Real Estate LLC					
				Firm/Company				
	1441 Ridge St Address							
			Naples, FL 34103					
				City/State and Zip Code				
			info@reweb.us					
			E-mail address: (1	to be used for future annual report notifi	cation)		<u>.≒</u> -€,,	
For furt	ther in	iformation con	cerning this matter, please ca	ali:		9 ,111	.75 17-1	
Kyle M	1cl.au	ghlin		239 641-1982 at ()		77	ر د ایرا د ایرا	
		Name of P	erson	Area Code Daytime	Telephone Number	20 :5 R.C. 3.2 MIL 61	700 S.V.	
Enclose	ed is a	check for the	following amount:			₽; ;		
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		<u> </u>	

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

ReWeb Real Estate, 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 $\frac{3/29/2019}{2}$ and assigned Florida document number L19000087763 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 "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 fiew 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

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>	Type of Action
AMBR	Kyle McLaughlin	1441 Ridge St. Naples, FL 34103	
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fective date, if other than the uneffective date is listed, the date mote: If the date inserted in this becament's effective date on the I	e date of filing: ist be specific and cannol lock does not meet the	ne applicable			filing.) Pursuant to t	
record specifies a delaye The 90th day after the re		but not a	n effective ti	me, at 12:01	a.m. on the ea	rlier of
ited		19 				
	Signature of a member	***				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00