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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

| | Name of Lim | nited Liability Company | |
|---|--|--|---|
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | ondence concerning this matter | | |
| | Natalie Rebman | | |
| | | Name of Person | |
| | JMR RE Holdings LLC | | |
| | | Firm/Company | |
| | 401 Old Dixie Highway #1 | 3924 | |
| | | Address | |
| | Tequesta, FL 33469 | | |
| | | City/State and Zip Code | |
| | rebman | consulting a gmail. Consulting a gmail a to be used for future annual report | Um |
| | E-mail address: (| to be used for future annual repo- | rt notification) |
| For further information c | oncerning this matter, please c | atl: | |
| 1/ 1 | alic Rebones | at (78%) Area Code D | 28/- 6060 Paytime Telephone Number |
| /UAT | č to | | taytime Telephone Number |
| Name o | it Person | Area Code D | aytime retophone realises |
| Name o | | Area Code D | ayame receptione rander |
| Name o | | Area Code D S55.00 Filing Fee & Certified Copy tadditional copy is enclosed | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy |
| Name of Enclosed is a check for the S25.00 Filing Fee | he following amount: S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed |
| Name of Enclosed is a check for the S25.00 Filing Fee | he following amount: S30.00 Filing Fee & Certificate of Status Section | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Addre Registration | ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JMR RE Holdings LLC | | | |
|---|---|--------------------------------|---|
| (<u>Name of the Lim</u> | ited Liability Company as it now appea (A Florida Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited | Liability Company were filed on <u>09</u> | 0/23/2019 | _ and assigned |
| lorida document number L19000240623 | | | |
| his amendment is submitted to amend the fol | llowing: | | |
| If amending name, enter the new name | of the limited liability company h | <u>ere</u> : | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the o | designation "LLC" or the abbre | viation "L.L.C." |
| nter new principal offices address, if appli | icable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: | | 建。 | <u>B-2</u> (\$2) |
| <u>Mailing address MAY BE A POST OFFICE</u> | <u> </u> | 78 A | - |
| 3. If amending the registered agent and/or | registered office address on our r | records, enter the name o | rene new regist |
| gent and/or the new registered office addr | <u>ess here</u> : | | 堂 |
| Name of New Registered Agent: | Natalie Rebman |) on | |
| New Registered Office Address: | 401 Old Dixie Highway #3924 | | |
| | Enter Flo | rida street address | |
| | Tequesta | , Florida <u>33469</u> |) _ |
| | City | | 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.

> Marie 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 |
|--------------|-----------------|---------------------------|----------------|
| MGMR | Justin M Rebman | 401 N Dixie Highway #3924 | 🗀 Add |
| | | Tequesta, F1, 33469 | ≣Remove |
| | | | Change |
| MGMR | Natalie Rebman | 401 N Dixie Highway #3924 | ■Add |
| | | Tequesta, FL 33469 | □Remove |
| | | | □Change |
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| (If an effe Note: | ve date, if other than the date of filing: (optional) (optional) (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| he record ord is fil | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated ₂ | August 26 . 2020. |
| | -Mul |
| | Supporture of a member or authorized corresponditive of a member |
| | Signature of a member or authorized representative of a member |