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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•		
Double Re	verse, LLC	·		
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kelly Hooper			
		Name of Person		
	Bishop Beale Duncan Rea	lty, LLC		
		Firm/Company		
	250 N. Orange Avenue; Su	uite 1500;		
		Address		
	Orlando, FL 32801			
		City/State and Zip Code		
	kelly@bbdre.com		_	
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please co	alt:		
Kelly Hooper		407 426-7702		
Name c	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Division of C	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 MAY 22 PM 3: 44

Double Reverse, 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 $\frac{3/5/2020}{}$ and assigned Florida document number L20000075162 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: (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 __. Florida __

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> 2020 HAN 22 PH 3: 44	Type of Action
MGR	Robert W. Duncan	250 N. Orange Ave.	
		Suite 1500	≣Remove
		Orlando, FL 32801	□Change
MGR	Michael Beale	same as above	□Add
		<u> </u>	Remove
			□Change
MGR -	Wentworth Land Manager, LLC	same as above	≣ Add
			□Remove
			□Change
		·	🗆 Add
			□Remove
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II an eii Note:	ve date, if other than the date of filing:
ie recor ord is fi	d 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	May 20 Signature of a member or authorized representative of a member
	different of a member of authorized representative of a member

Filing Fee: \$25.00