L2C CCCC 78168

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COVER LETTER

	Registration Sec Division of Corp			
emb iew		PSTEAD DR LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspoi	ndence concerning this matter	to the following:	
		Jasmine Grayson		
			Name of Person	
			Firm/Company	
		3225 McLeod Drive, Suite	100	
			Address	
		Las Vegas, Nevada 89121		
			City/State and Zip Code	
		ra@andersonadvisors.com		
			to be used for future annual report notif	ication)
For further	r information co	oncerning this matter, please co	all:	
Jasmine C	irayson		800 706-4741 at ()	
	Name of	Person		Telephone Number
Enclosed i	s a check for the	e 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

2636 HEMPSTEAD DR LLC

25 FT 1:09

(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 March 10th, 2020 and assigned Florida document number _____L20000078168 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.

City

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>	Address	Type of Action
MGR	RENTAL PROPERTY LLC	30 N GOULD ST, STE R	
		SHERIDAN, WY 82801	Remove
AMBR	Benchmark Holdings, LLC	1718 Capitol Ave.	Add
		Cheyenne, WY 82001	Remove
			Change
			Add
			□ Remove
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			☐ Remove
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Effective date, if other than the factive date is listed, the date manager of the date inserted in this bedocument's effective date on the I	lock does not n	neet the appli	cable statutory fil	more than 90 day ling requirement	(optional) s after filing.) Pursi s, this date will r	uant to 605.0207 not be listed as
ne record specifies a delaye The 90th day after the re			ot an effective	e time, at 12	:01 a.m. on tl	ne earlier of
May 21		2020				
		J-1	2			
			_			
	Signature of a	member or auth	orized representati	ive of a member		

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Filing Fee: \$25.00