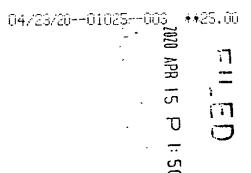
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COVER LETTER

TO:	Registration Division of C	Section Corporations		• • • • • • • • • • • • • • • • • • • •	
SUBJE	RECH 6	5, LLC		2020 APR 15 AM 12	: 37
501301		Name of Lin	nited Liability Company	(Inches)	
The en	closed Articles	of Amendment and fee(s) are sub	omitted for filing.	ı	
Please	return all corre	spondence concerning this matter	to the following:		
		Lauren Thornton			
			Name of Person		-
			Firm/Company		-
		3225 McLeod Drive, Suite	e 100		
			Address		-
		Las Vegas, Nevada 89121			
			City/State and Zip Code		-
		ra@andersonadvisors.com	(to be used for future annual repor	t notification)	
For fur	ther informatio	n concerning this matter, please c	-	r notification)	
Laurer	Thornton		800 706-474	4 1	
	Nam	e of Person		aytime Telephone Number	r
Enclose	ed is a check fo	or the following amount:			
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

RECH 6, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 6, 2020	and assigned
Florida document number L20000097459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<u>-</u>	2020
	··	<u>₹</u> 17
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
Maning unitess WAT BEAT OST OFFICE BOX		· 5
		
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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.

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	Preferred Homes, LLC	14170 US HWY 19	
		Suite #130	
		Hudson, FL 34667 US	Change
MGR	Roy Sipel	3225 McLeod Drive	
		Suite 100	Remove
		Las Vegas, NV 89121 US	Change
			☐ Add
			☐ Remove
			Change
			Add
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E. Effective date, if	f other than the date of	f filing:	ate of filing or more than 90 o	_ (optional) days after filing.) Pursuant to 605.0	207 (3\C
Note: If the date		s not meet the applicable		ents, this date will not be listed	
	cifies a delayed effect y after the record is t		n effective time, at 1	2:01 a.m. on the earlier	of:
Dated April 8		2020			
		Lawren thous	to and a second		
	Signatur	•	d representative of a membe	ı	
Laurer	n Thornton				

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00