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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	gistration Sec rision of Corp				
oun in en		PROPERTIES, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter			
		ADAM LUCKNER			
			Name of Person	2024	ant A
			Firm/Company	2024 MAY 13 NH 8: 35 SECRETARY OF STATE SECRETARY OF STATE	
		619 BRIDGE STREET		3 3 3 S	ڳ ڇ
			Address	SELO SE	¥.,
		WOODMERE NEW YOR	RK 11598	- F	3
		ADAM@BRIDGEPROPE			
For further i	nformation co	h-mail address: (oncerning this matter, please c	to be used for future annual report notif	eation)	
ADAM LU		maner, preuse e	646 957-1398		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 I	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)	
	iling Address gistration S		Street Address: Registration Sec	tion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
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 REO PROPERTIES, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on May 27, 2020	and assigned	
Florida document number L20000143818			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	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)		TEGRI THE THE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE, FL	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	_	
	Enter Florida street address		
	, Florid		
	Cin [,]	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 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	ADAM D LUCKNER	6123 WILDCAT RUN, W. PALM BEACH FL 334	12 ■ Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
		TALL	D H T
		ASSEE, FL	
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		<u>.</u>			
					
Tective date, if other than than effective date is listed, the date mote: If the date inserted in this becument's effective date on the light	lock does not meet the ap	plicable statutory fili	(option nore than 90 days after fi ng requirements, this o	ral) ling.) Pursuant to 605 date will not be liste	i.0207 (ed as t
ecord specifies a delayed effecti is filed.	ve date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after	r the
nted May 7	. 2024	·			

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Filing Fee: \$25.00