

L20000 143 818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

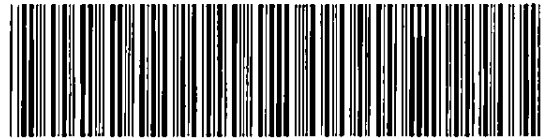
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400429543924

05/13/24--01010--025 \*\*35.00

FILED  
2024 MAY 13 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2020 REO PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM LUCKNER

Name of Person

Firm/Company

619 BRIDGE STREET

Address

WOODMERE NEW YORK 11598

City/State and Zip Code

ADAM@BRIDGEPROPERTYGROUP.COM

E-mail address: (to be used for future annual report notification)

FILED  
2024 MAY 13 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

ADAM LUCKNER

646 957-1398

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Type of Action</u>
MGR	ADAM D LUCKNER	6123 WILDCAT RUN, W. PALM BEACH FL 33412	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2024 MAY 13 PM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAY 13 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2024 MAY 13 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**