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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	•	
OF THE SECOND	Properties, LLC	-	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adam D Luckner		
		Name of Person	
	2020 REO Properties, LLO		
		Firm/Company	
	619 Bridge St		
		Address	
	Woodmere, NY 11598		
		City/State and Zip Code	
	adam@bridgepropertygroup		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Adam D Luckner		646 957-1398 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	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 (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 $\frac{5/27/2020}{1}$ and assigned Florida document number ______120000143818 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: 6123 Wildcat Run (Principal office address MUST BE A STREET ADDRESS) West Palm Beach, FL 33412 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: Susan J Luckner Name of New Registered Agent: 6123 Wildcat Run New Registered Office Address: Enter Florida street address West Palm Beach City

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 = M $AMBR = A$	lanager .uthorized Member	***	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other tha an effective date is listed, the de Sote: If the date inserted in tocument's effective date on	nte must be specific an this block does not t	d cannot be prior to meet the applical	date of filing or models statutory filing	(option of the control of the contro	filing.) Pursuant to 605	.0207 (ed as t
		t an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
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