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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

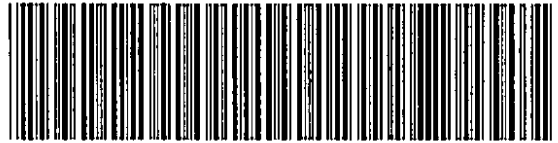
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sollitto Real Estate Holdings 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:

Eric Sollitto
Name of Person

Pres of Shoreline Capital Partners, LLC, Sole Member of 4836 Northfield LLC
Firm/Company

4860 Mahogany Ridge Drive
Address

Naples FL 34119
City/State and Zip Code

eric@southfloridacustom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Sollitto at (239) 253-0321
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
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 SEP 01 12:40

Sollitto Real Estate Holdings 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 7/6/2020 and assigned Florida document number L20000191278.

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: 4860 Mahogany Ridge Drive
(Principal office address MUST BE A STREET ADDRESS) Naples, FL 34119


Enter new mailing address, if applicable: 4860 Mahogany Ridge Drive
(Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34119

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: Eric Sollitto
New Registered Office Address: 4860 Mahogany Ridge Drive
Enter Florida street address
Naples, Florida 34119
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
Eric Sollitto

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

3:03 PM 2/27/2012

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	1031 Reverse Exchange Co LLC	1520 Royal Palm Square Blvd Suite 320	<input type="checkbox"/> Add
		Ft Myers FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	4836 Northfield LLC	4860 Mahogany Ridge Drive	<input checked="" type="checkbox"/> Add
		Naples FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SEP 28 PM 12:40

E. Effective date, if other than the date of filing: September 22, 2020 (optional)
(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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 22, 2020

Theresa Knowler

Signature of a member or authorized representative of a member

Theresa Knowler, Mgr. 1031 Reverse Exchange Company, LLC

Typed or printed name of signee