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(((H21000237103 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 : (239)344-1100

: (239)344-1529 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: hfra@henlaw.com

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# Fax Audit No. H210002371033

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEII Real Estate Holdings, LLC								
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our reco liability Company)	rus.)					
The Articles of Organization for this Limited Lie Florida document number 1.21000003240  This amendment is submitted to amend the follogous	·	were filed on 12/23/2020		and assigned	d			
A. If amending name, enter the new name of	the limited liab	llity company here:						
The new name must be distinguishable and contain the w	ords "Limited Liabi		LC" or the abbrevi	ation "L.L.C."	;—			
Enter new principal offices address, if application of the principal office address MUST BE A STREE	12731 New Brittany Blvd. Fort Myers, FL 33907							
Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE	<u>BOX)</u>	12731 New Brittany Blvd. Fort Myers, FL 33907						
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss_here:	address on our records, <u>en</u>	ter the name of	the new re	spistere 70			
Name of New Registered Agent:	HF Registere	ed Agents, LLC		<u> </u>	<u>_</u>			
New Registered Office Address:	1715 Monroe	Enter Florida street ad		E Si	P# 12: 5			
	Fort Myers	City	, Florida <u>33901</u>		 SZ			

### 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.

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## 

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>	Name	Address	Type of Action
MGR	1031 Reverse Exchange Company,	1520 Royal Palm Sq. Blvd. #320	[]Add
· <del>-</del>		Fort Myers, FL 33919	<b>≘</b> Remove
			Change
MGR	Jonathan M. Frantz, M.D.	12731 New Brittany Blvd.	- ⊟Add
		Fort Mycrs, FL 33907	
			Change
AMBR	FEH New Brittany, LLC	12731 New Brittany Blvd.	≅Add
	•	Fort Mycrs, FL 33907	□Remove
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