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(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO:

Registration Section

porations			
ll Estate Holdings LLC			
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
Mary Ann Truax			
Name of Person			
 	Firm/Company		
7113 Pinebay Blvd			
.	Address		
Englewood, FL 34224			
2112/2	City/State and Zip Code		
	to be used for future annual report not	ification)	
	·		
	941 228-4373 at()		
f Person	Area Code Daytin	ne Telephone Number	
ne following amount:			
☐ \$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 tadditional copy is enclosed)	
	Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Mary Ann Truax	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NMAT Real Estate Holdings LLC

(Name of the Lim	ited Liability Compa (A Florida Limited l	iny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited I Florida document number L21000121646	Liability Company	were filed on March 15, 2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7113 Pinebay Blvd	
(Principal office address MUST BE A STRE		Englewood FL 34224	
Enter new mailing address, if applicable:		7113 Pinebay Blvd	
(Mailing address MAY BE A POST OFFICE	EBOX)	Englewood FL 34224	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, <u>enter t</u>	
Name of New Registered Agent:	Mary Ann Trus	ıx	F.C.
New Registered Office Address:	7113 Pinebay Blvd		, -0
		Enter Flori da s treet address	
	Englewood	Flo	orida <u>34224</u> —
		City	Zip Cöde Ç
New Registered Agent's Signature, if changing Registered Agent:			<u> </u>
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete pistered agent as per pregistered office	performance of my duties, an provided for in Chapter 605, I	ther agree to comply with the d I am familiar with and F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	1031 Reverse Exchange Co LLC	1520 Royal Palm Square Blvd 320	□Add
		Ft Myers FL 33919	■Remove
			□ Change
MGR Truax Family Trust dtd 4/2/2020	Truax Family Trust dtd 4/2/2020	7113 Pinebay Blvd	
		Englewood FL 34224	□ Remove
			□Change
			Remove
			☐Change
			□Add
			Remove
			Change
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Effective date, if other than	the date of filing:	(optio	nal)
(If an effective date is listed, the date Note: If the date inserted in thi	must be specific and cannot be prior to	date of filing or more than 90 days after fole statutory filing requirements, this	ling.) Pursuant to 605.0207 (3)(t
the record specifies a delayed effectord is filed.	etive date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated 9/21	2021	_ ·	
Merchic	Kuruii	zed representative of a member	
	Signature of a member or authori	zed representative of a member	
Theresa Knower, Ma	mager of 1031 Reverse Exchange	Company LLC	
	Typed or printed	name of signee	

. .

Filing Fee: \$25.00