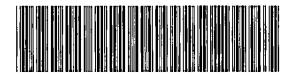
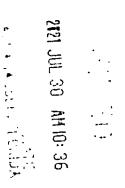


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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07/30/21--01007--008 **25.00



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| Division of Corpo | | | | |
|------------------------------|---|---------------------------------|--------------------|---|
| Rago Real Es | tate Holdings, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspond | dence concerning this matter | to the following: | | |
| | Joel Rago | | | |
| | Name of Limited Liability Company Penclosed Articles of Amendment and fee(s) are submitted for filing. asserteum all correspondence concerning this matter to the following: Joel Rago | | | |
| | | Firm Company | | |
| | 1326 Hamilton Creek Driv | e | | |
| | | Address | | |
| | Kennesaw, GA 30152 | | | |
| | jar.8850@gmail.com | City/State and Zip Code | | |
| | | to be used for future annual re | port notification) | |
| For further information con | cerning this matter, please co | ıll: | | |
| Theresa Knower | | 239 333- | 4910 | |
| Name of P | erson | Area Code | Daytime Telepho | ne Number |
| Enclosed is a check for the | following amount: | | | |
| ₹ \$25,00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | (additional copy is enclor | | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Add | tress: | |

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

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

DocuSign Envelope ID, D3F2168C-E3FF-4458-9397-2B0193ACC7DD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rago Real Estate Holdings, LLC | | | | | | |
|--|--|--|------------------------|--|------------------|----------|
| (Name of the Lim | ited Liability Comp: (A Florida Limited | any as it now appears of Liability Company) | n our records.) | | | |
| The Articles of Organization for this Limited Florida document number L21000224301 | Liability Company | were filed on $\frac{5/13/3}{2}$ | 2021 | | and assig | ned |
| This amendment is submitted to amend the fol | lowing: | | | | | |
| A. If amending name, enter the new name | of the limited lial | oility company here | : | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the desig | gnation "LLC" or | the abbrevia | ition "L.L.0 | <u> </u> |
| Enter new principal offices address, if applicable: | | 3915 Gulfstream P. | arkway | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Cape Coral, FL 339 | 993 | | | |
| Enter new mailing address, if applicable: | | 1326 Hamilton Cre | eck Drive | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | Kennesaw, GA 301 | 152 | | | |
| | | | | <u>:</u> | 2821 | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | address on our reco | ords, <u>enter the</u> | name of t | the <u>Jew</u> 1 | egister |
| Name of New Registered Agent: | Joel Rago | | | | AM 10: | • • |
| New Registered Office Address: | 3915 Gulfstrea | ım Parkway | | <u></u> | 36 | |
| | | Enter Florida | street address | | | |
| | Cape | | , Florid | la <u>33993 </u> | | |
| | | City | | Zi | n 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.

God Rogo

Estat State Of Service Agent, Signature of New Registered Agent

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H amending Authorized rerson(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 | |
| | | Fort Myers, FL 33919 | ≣Remove |
| | | | □Change |
| MGR | Joel Rago | 1326 Hamilton Creek Drive | ≣ Add |
| | | Kennesaw, GA 30152 | Remove |
| | | | □Change |
| MBR | Joel Rago | 1326 Hamilton Creek Drive | = Add |
| | | Kennesaw, GA 30152 | - DRemove |
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| ective date, if other than a effective date is listed, the date te: If the date inserted in the nument's effective date on the | must be specific ar is block does not | nd cannot be prior meet the applic | able statutory fi | more than 90 days a | ptional) fter filing.) Pur this date will | suant to 605,020 not be listed a |
| cord specifies a delayed effo s filed. | ective date, but no | ot an effective ta | me, at 12:01 a.r | n, on the earlier of | (b) The 90 | th day after the |
| ted June 24 | | 2021 | - · | | | |
| AL_1 | Mor | , (A) | | | | |
| Mursa | PIUGO | a member or autho | | | | |

Filing Fee: \$25.00