

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : I20200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

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

Email Address: h.lohbeck@hotmail.de

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
14040 SCHULTZ ROAD LLC

Certificate of Status	0
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ALLAHASSEE FLORIDA

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K. SALY

MAR - 9 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 14040 Schultz Road 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:

Rolf Lohbeck

Name of Person

Firm/Company

3201 North Tamiami Trail Second Floor

Address

Naples FL 34103

City/State and Zip Code

h.lohbeck@hotmail.de

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr Rolf Lohbeck

at (239)

262-5303

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**

4040 Schultz Road 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 9/23/2021 and assigned
Florida document number L21000420348.

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:

(Principal office address MUST BE A STREET ADDRESS)

20380 Riverbrooke Run

Estero FL 33928

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3201 North Tamiami Trail 2nd Floor

Naples FL 34103

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:

Rolf Lohbeck

New Registered Office Address:

3201 North Tamiami Trail 2nd Floor

Enter Florida street address

Naples

Florida 34103

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.

Dr. Rolf Lohbeck

Dr. Rolf Lohbeck (Feb 14, 2022 19:38 GMT-1)

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	1031 Reverse Exchange Co L.L.C	1520 Royal Palm Square Blvd 320	<input type="checkbox"/> Add
		Ft Myers FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heidrun Lohbeck	20380 Riverbrooke Run	<input checked="" type="checkbox"/> Add
		Estero FL 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03-08-2022 BY 60322 UCBAW

E. Effective date, if other than the date of filing: 2/10/2022 (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 February 10, 2022

Theresa Knowler

Signature of a member or authorized representative of a member

Theresa Knowler, Manager of 1031 Reverse Exchange Company LLC

Typed or printed name of signer

Filing Fee: \$25.00