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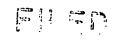
COVER LETTER

TO:	Registration Sec						
~!!В!		e Investment, LLC					
SUBJE							
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Andrew McCabe	Iment and fee(s) are submitted for filing. Idrew McCabe Name of Person Change Resource Group, LLC Firm/Company 701 W Jewell Ave, Ste. 200-28 Address kewood, CO 80228 City/State and Zip Code w@crg1031.com E-mail address: (to be used for future annual report notification) ing this matter, please call: Area Code Daytime Telephone Number wing amount:				
Name of Person							
Exchange Resource Group, LLC							
							
13701 W Jewell Ave, Ste. 200-28							
			Address				
Lakewood, CO 80228							
			City/State and Zip Code				
		drew@erg1031.com					
For fur	ther information co	oncerning this matter, please of		nearion)			
Andrev	w McCabe						
	Name of	Person		e Telephone Number			
Enclose	ed is a check for th	e following amount:					
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

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



571 15 Ave Investment, LLC

2021 NOV 24 PH 4: 05

(Name of the Limited L. (A F	ida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 100377072121/L21	Company were filed on 11/22/2021 @ 4:27pm and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	mited liability company here:
562 71st Ave Investment, LLC	
The new name must be distinguishable and contain the words	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	No change
(Principal office address MUST BE A STREET A	o
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Me change
B. If amending the registered agent and/or regis agent and/or the new registered office address he	· •
Name of New Registered Agent:	No Change
New Registered Office Address:	No Change Vo change Enter Florida street address
	, Florida
-	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member	No change	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
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<u>ste:</u>	ive date, if other than the date of filing: (optional) ective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	d 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 led.
ecor is fil	
is fil	led.

Filing Fee: \$25.00