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TO:

TO: Registration S Division of Co			
	eal Estate Holdings LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Paul Doering		
		Name of Person	
		Firm/Company	
	318 4th Street Northeast		
		Address	
	Massillion OH 44646		·
		City/State and Zip Code	
	doeringenterprises@sbeglol	bal.net to be used for future annual report not	ification)
For further information	concerning this matter, please c		
Paul Doering		330 3273330	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection
	Corporations	Division of Co	
P.O. Box 63	27	The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: B604E832-5246-48E1-A8F8-CA5F19016D85 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Doering Real Estate Holdings LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{3/1/2022}{}$	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi		"L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		318 4th Street Northcast		
(Principal office address MUST BE A STREET ADDRESS)		Massillion OH 44646		
Enter new mailing address, if applicable:		318 4th Street Northeast	-2	
(Mailing address MAY BE A POST OFFICE BOX)		Massillion OH 44646	1	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>e</u>	enter the name of the new regist	
Nam Davietował Office Address	5394/5396 Palr	netto Street		
New Registered Office Address:		Enter Florida street a	uldress	
	Ft Myers Beacl	h	Florida 33931 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro-				

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.

> Paul Karl Docring -85418O105A744C7..

If Changing Registered Agent, Signature of New Registered Agent

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If afficiently 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>	<u>Name</u>	Address	Type of Action
MGR	1031 Reverse Exchange Co LLC	1520 Royal Palm Square Blvd 320	□Add
		Ft Myers FL 33919	■Remove
			□Change
MGR	Paul Karl Doering	318 4th Street Northeast	
		Massillion OH 44646	□Remove
			□ Change
			□Add
			Change
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change

					
					
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this bument's effective date on the E	date of filing: _ it be specific and can ock does not meet	the applicable st	of tiling or more the atutory filing requ	(option an 90 days after fil airements, this d	al) ing.) Pursuant to 605.02 ate will not be listed
cord specifies a delayed effectiv s filed.	e date, but not an	effective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after th
ed February 1	2	023			
ed Huraa Kno	u.				
	Signatura of a mar-	har ar authorizad -	aprecaptative of a s	nember	

Filing Fee: \$25.00