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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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PICK-UP	MAIT	MAIL MAIL
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JIVISIJK OF COMPONATION

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christopher W Long		
		Name of Person	_
		Firm/Company	
	509 General Kershaw Dr		
		Address	
	Old Hickory TN 37138		
		City/State and Zip Code	····
	chris-long@comcast.net		
or further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
Chris Long		615 3905330	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

186 Inlets Blvd LLC			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L22000115510	bility Company	were filed on <u>3/7/2022</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited ligh	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		509 General Kershaw Dr	
		Old Hickory TN 37138	22)
			AUG 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		509 General Kershaw Dr	26 AH
		Old Hickory TN 37138	
			<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:	Christopher W	Long	
New Registered Office Address:	186 Inlets Blvo		
	- 	Enter Florida street address	
	Nokomis	, Flor	rida <u>34275</u>
		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 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>	Address	Type of Action
MGR	1031 Reverse Exchange Co LLC	1520 Royal Palm Sq Blvd 320	
		Ft Myers FL 33908	■Remove
			□Change
MGR	Christopher W. Long	509 General Kershaw Dr	≅ Add
		Old Hickory TN 37138	□Remove
			22 May Compension of Compensio
			□Remove
			Change
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			□ Change
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		Aug	ust 22, 2022	, N	
Lian offers	e date, if other than the ditive date is listed, the date must be	ate of filing:e specific and cannot be prior	to date of filing or more t	(optional) han 90 days after filing.)	Pursuant to 605.0207
Note: If	the date inserted in this bloc it's effective date on the Dep	k does not meet the applica	able statutory filing re-	quirements, this date v	viii not be fisted as
e record s	specifies a delayed effective d.	date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The	e 90th day after the
Datad	August 22 Thursa 1	2022			
Dated	110	(02 11 11)	 ·		

Filing Fee: \$25.00

Typed or printed name of signee