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COVER LETTER

TO:

Registration Section

DIVISION OF CO	rporations		
16990 No	th River Road LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lisa Hendry		
		Name of Person	
	REH56, LLC		
		Finn/Company	
	6306 Saint Andrews Cir S		
		Address	
	Ft Myers FL 33919		
		City/State and Zip Code	
	lisahendry63@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information (concerning this matter, please c	all:	
Lisa Hendry		239 922-3324 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN -7 AM 11: 10 (Name of the Limited Liability Company as it now appears on our records) Eufet Iday of STATE
(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{4/5/2022}{1}$ Florida document number L22000161809 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." 6306 Saint Andrews Cir S Enter new principal offices address, if applicable: Ft Myers FL 33919 (Principal office address MUST BE A STREET ADDRESS) 6306 Saint Andrews Cir S Enter new mailing address, if applicable: Ft Myers FL 33919 (Mailing address MAY BE A POST OFFICE BOX) 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: Lisa Hendry Name of New Registered Agent: 6306 Saint Andrews Cir S New Registered Office Address: Enter Florida street address _, Florida 33919 Zip Code Ft Myers

New Registered Agent's Signature, if changing Registered Agent:

16990 North River Road LLC

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.

City

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	15671 San Carlos Blvd	⊡Add
		Ft Myers FL 33908	≣Remove
			□Change
MGR	REH56, LLC	6306 Saint Andrews Cir S	= Add
		Ft Myers FL 33919	□Remove
		239-922-3324	Change
			□ Add
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Effective date, if other than t If an effective date is listed, the date:	the date of filing:			ptional)	AS 02077
Note: If the date inserted in this	block does not meet th	e applicable statuto	ry filing requirements	this date will not be li	sted as t
document's effective date on the	Department of State's	records.			
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e record specifies a delayed effect rd is filed.	cuve date, but not an eff	ective time, at 12:0	i a.m. on the earlier of	i:(b) The 90th day af	ter the
June 3 Dated	202	2			
Dated June 3 Theresa K	,				
I neresa k	Signature of a member				