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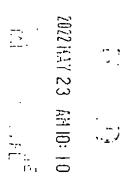
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration S Division of Co			
CTID INCOME.	R SCHMIDT HOUSES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	THOMAS KOBE		
		Name of Person	
	KOBE CONSULTING		
		Firm/Company	
	11211 YELLOW POPLAR	R DR	
		Address	
	FORT MYERS, FL 33913		
	KOBESTB@GMAIL.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please co	all:	
THOMAS KOBE		239 258-2071 at ()	
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 & □ \$60.00 Filing F Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	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



2022 HAY 23 AM 10: 10

DITTMAR SCHMIDT HOUSES 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 04/11/2022 and assigned 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 8981 Falcon Pointe Loop Enter new mailing address, if applicable: Fort Myers, FL 33912 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ City 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
MBR DITTMAR SCHMIDT	DITTMAR SCHMIDT	11211 YELLOW POPLAR DRIVE	
		FORT MYERS, FL 33913	□Remove
•		FROM MGR TO MBR	■ Change
			□Add
			□ Rетюче
			= Change
			□Add
		·	□Remove
			□Change
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			□Change
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			□ Remove
		□Change	
			□ Add
			□Remove
		<u> </u>	□Change

If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
	·
(If an effect Note: If	date, if other than the date of filing:
he record s ord is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2/2022
	Etter Schieft Dirt Schnick
	Signature of a member or authorized representative of a member
	DITTMAR SCHMIDT DORIT SCHMIDT