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COVER LETTER

TO: Registration S Division of Co		•	
	kett RE Holdings, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keith Hockett		
		Name of Person	
			2022 3550 T
		Firm/Company	
	234 S Franklin Road		- 1 - 4
		Address	
	Indianapolis, IN 46219		
		City/State and Zip Code	
	keithhockett@justaddwater E-mail address: (boats.com (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Theresa Knower		239 333-4910 at ()	
Name o	of Person		Tetephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keith Hockett RE Holdings, 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 $\frac{05/06/2022}{1}$ and assigned Florida document number 1.22000216262 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) Enter new mailing address, if applicable: (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: Keith Hockett Name of New Registered Agent: New Registered Office Address:

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>	<u>Address</u>	Type of Action
MGR	1031 Reverse Exchange Company.	15671 San Carlos Blvd. #101	
		Fort Myers, FL 33908	\exists Remove
			□Change
MGR	Keith Hockett	234 S Franklin Road	≣ Add
		Indianapolis, IN 46219	□Remove
			Chringe 22
			□R¢move — — □Change
			□Add
		 	□Remove
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Effecti	ive date, if other than ective date is listed, the date	the date of	filing:		•••	(optional)	
Note:	If the date inserted in th	is block does	not meet the ap	plicable statuto	ing or more than 90 ry filing requirem	days after filing.) P lents, this date wi	ursuant to 605.0 Il not be listed
docum	ent's effective date on the	ie Departmen	i or state's rect	orus.			
he recor	d specifies a delayed effi led.	ective date, bu	it not an effecti	ve time, at 12:0	l a.m. on the earl	ier of: (b) The 9	00th day after t
Dated	November Shurisa	10		<u>.</u> .			
	A -	V					

TWEEN KNOWER, MUNUGER, 1031 REVERSE EXCHANGE COMPANY!

Typed or printed name of signee