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(Requestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
	son Real Estate Holdings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analogue Articles of	Amendment and fee(s) are sub	omitted for filing	202
		•	7 CF 7 CF
Please return all correspo	ondence concerning this matter	to the following:	图-9
	Robert N. Thompson, Jr.		
		Name of Person	
		Firm/Company	
	12226 Way	Side Ruit	
	Indols rutho E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code	tification)
For further information of	oncerning this matter, please c	all:	
Theresa Knower		239 333-4910 at ()	
Name o	of Person		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)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	prporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RN Thompson Real Estate 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 06/07/2022 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 "LEEC." 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 registere agent and/or the new registered office address here: Robert N. Thompson, Jr. Name of New Registered Agent: Enter Florida street address

Givenier . Florida 33070

City Zip Code 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.

SIGN HERE

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>	Name	Address	Type of Action
MGR	1031 Reverse Exchange Company.	15671 San Carlos Blvd. #101	□Add
		Fort Myers, FL 33908	Remove
			□Change
MGR	Robert N. Thompson, Jr.	Manie is! my Manher	
		Managing Manber 12226 Wayside Pal	□Remove
		Judgls IN 46256	
			ZECRETAL GRemove
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an effice	tive date is listed.	r than the date the date must be s ed in this block of	pecific and	cannot be pri	or to date of fi	ling or more th	an 90 days afte	r filing.) Pu	rsuant to 605.
		te on the Depart				ny ming ree	direments, in	is date will	not be fiste
record is filed		red effective dat	e, but not	an effective	time, at 12:0)1 a.m. on th	e earlier of: (b) The 90	th day after
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