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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SCHACK RE HOLDINGS, LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1 1 1	
Atty/	Art of Inc. File
	UTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Day-	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	— UCC 11 Search
Name Date Time	UCC II Retrieval
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COVER LETTER

	RE HOLDINGS, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JOANNA ANDRADE LE	HMANN, ESQ.	
		Name of Person	
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arn all correspondence concerning this matter to the following: JOANNA ANDRADE LEHMANN, ESQ. Name of Person EPGD ATTORNEYS AT LAW, P.A. Firm/Company 777 SW 37th AVE, SUITE 510 Address MIAMI, FLORIDA 33135 City/State and Zip Code JOANNA@EPGDLAW.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: ANDRADE LEHMANN Name of Person Telephone Number s a check for the following amount:		
	-	Firm/Company	
	777 SW 37th AVE, SUITE	E 510	
		Address	
	MIAMI, FLORIDA 33135		
	JOANNA@EPGDLAW.CO		
	- -		fication)
For further information of	concerning this matter, please c	all:	
JOANNA ANDRADE I	EHMANN	= : : : : : : : : : : : : : : : : : : :	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHACK REHOLDINGS LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000436393	were filed on OCTOBER 1	1, 2022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		5	
Enter new mailing address, if applicable:		SE 20 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Mailing address MAY BE A POST OFFICE BOX)		9: 9: ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	
		E 55	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete [ee to act in this capacity. I performance of my duties	further agree to comply with the 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

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
MGRM	MARIA VICTORIA BRAVO	6320 86TH LANE	□Add
		VERO BEACH, FL 32967	■Remove
			□Change
MGR	MARIA VICTORIA SCHACK	6320 86TH LANE	■Add
		VERO BEACH, FL 32967	□Remove
			□Change
			🗆 Add
		☐Remove	
			<u></u>
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to the state inserted in this block does not meet the application ocument's effective date on the Department of State's records.	o date of tiling or more tha ble statutory filing requ	(optional) n 90 days after filing.) Pr irements, this date wi	ursuant to 6 II not be li	— 05.0207 sted as
record specifies a delayed effective date, but not an effective tir l is filed.	ne, at 12:01 a.m. on the	earlier of: (b) The 9	0th day af	ter the
SEPTEMBER 20 2024	- '			
SEPTEMBER 20 . 2024 Signature of a member or author	_ `			

Filing Fee: \$25.00