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(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2439 Southridge Road LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Livingston

Name of Person

Firm/Company

4 McLean St

Address

Simsbury

City/State and Zip Code

CT 06070

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Joshua Livingston

860 655-6089
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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

2439 Southridge Road 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 2/15/2023 and assigned
Florida document number L23000083980.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4 McLean St

Simsbury CT 06070

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4 McLean St

Simsbury CT 06070

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:

Joshua Livingston

New Registered Office Address:

2439 Southridge Road

Enter Florida street address

Delray Beach

City

Florida 33444

Zip Code

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.

DocuSigned by:

Joshua Livingston

EBACF49C3B4D48E

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	1031 Reverse Exchange Co LLC	15671 San Carlos Blvd 101	<input type="checkbox"/> Add
		Ft Myers FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua Livingston	4 McLean St	<input checked="" type="checkbox"/> Add
		Simbury CT 06070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALL MOUNTAIN

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 19, 2023

~~DocuSigned by:~~

Theresa Krower

- 0F117D05C0924DD

Signature of a member or authorized representative of a member

Theresa Knowler, Manager of 1031 Reverse Exchange Company LLC

Typed or printed name of signee

Filing Fee: \$25.00