

123000323260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

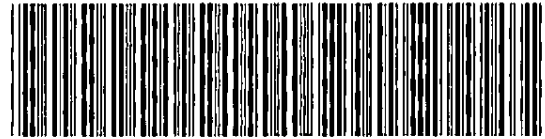
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
12/21/23--01014

1/10/24 KH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4325 Watercolor Way LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James H Johnson

Name of Person

Firm/Company

8539 Clara Dr

Address

Niles IL 60714

City/State and Zip Code

Bowie122@hotmail.com

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

For further information concerning this matter, please call:

Faye Johnson

Name of Person
847 274-1784
at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 4325 Watercolor Way LLC and assigned Florida document number L23000323269.

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)

8539 Clara Dr

Niles IL 60714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8539 Clara Dr

Niles IL 60714

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:

Faye Johnson

New Registered Office Address:

4325 Watercolor Way

Enter Florida street address

Ft Myers

Florida 33966

City

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:

Faye C Johnson

F70EEE46DFB8476

If Changing Registered Agent, Signature of New Registered Agent

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 TALLAHASSEE, FL

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>	<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	James Johnson	8539 Clara Dr	<input checked="" type="checkbox"/> Add
		Niles IL 60714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DECEMBER 21
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TALLAHASSEE, FL

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY
TALLAHASSEE

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SECRETARY OF STATE
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: 12/15/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9-07 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 15, 2023

DocuSigned by:

Theresa Knower

DEF117D05C0924DD

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