123000323279

(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
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(Business Entity Name)		
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Tallahassee, FL 32314

	Registration Sec Division of Corp				
	JHFC Johns	on Real Estate Holdings LLC			
SUBJEC	T:	Name of Limi	ited Liability Company		
The enclo	osed Articles of a	Amendment and fec(s) are sub	mitted for filing.		
		ndence concerning this matter			
		Faye C Johnson			
			Name of Person		
			Firm/Company		
		8539 Clara Dr			
			Address		202 S§
		Niles II. 60714			306
		faye.johnson@allstate.com	City/State and Zip Code		2023 DEC 21 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
			to be used for future annual	report notification)	SSE PR
For furthe	er information co	oncerning this matter, please co	all:		PH 2: 14 OF STATI
Faye John	nson		847 27-	4-1784	, E. t
	Name of	f Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy tadditional copy is end	Certificat closed) Certified	te of Status &
	Mailing Addres		Street A		
Registration Section Division of Corporations			ation Section in of Corporations		
P.O. Box 6327			ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 552E29C4-8719-48A3-B8F6-ACE27D69C1A1 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on a Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number 123000323279	Liability Company	were filed on <u>7/7/2023</u>	<u></u>	and assigned
This amendment is submitted to amend the fo	llowing:			
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 Liabi	lity Company," the designa	ition "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8539 Clara Dr		
(Principal office address MUST BE A STREET ADDRESS)		Niles IL 60714		2022
Enter new mailing address, if applicable:		8539 Clara Dr		21
(Mailing address MAY BE A POST OFFICE BON)		Niles 1L 60714		SE S
				77 =
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		address on our record	ls. <u>enter the na</u>	ne of the new register
	4325 Watercold	or Way		
New Registered Office Address:	The state of the s	Enter Florida sti	reet address	
	Ft Myers		, Florida ³	3966 Zip Code
		City		

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.

Faye C Johnson

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 552E29C4-8719-48A3-B8F6-ACE27D69C1A1 in amending Authorized rersonts) 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 Co LLC	15671 San Carlos Blvd 101	🗀 Add
		Ft Myers FL 33908	■Remove
			Change
MGR	Faye Johnson	8539 Clara Dr	= Add
		Niles FL 60714	□Remove
			DEG 21
			FIGURE CO.
			—————————————————————————————————————
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			Remove
			□Change

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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or r block does not meet the applicable statutory fili	(optional) nore than 90 days after filing.) Pursuant to 605,0207 (3)(b) ng requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
December 15	2023	
	Signed by:	
L L	rcsa Enower 1700500024DD	
	Signature of a member or authorized representative	e of a member
Theresa Knower, Ma	nager of 1031 Reverse Exchange Company LLC	
• • • • • • • • • • • • • • • • • • • •	Typed or printed name of signee	

Filing Fee: \$25.00