Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323) 962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for full use annual report mailings. Enter only one email address please. ** The contract of the contract o

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAVES REAL ESTATE LLC

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Page Count	06
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A. LUNT

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

Division of Cor				
	REAL ESTATE LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com. Inc.			
		Firm/Company		
	101 N. Brand Blvd., 11t	h Floor		
		Address		
	Glendale, CA 91203			.
	sreaves3@gmail.com	City/State and Zip Code	TO AM 8: 55	مسر مسر
	E-mail address: (to be used for future annual report notifi	cation) OFF. VI	
For further information (concerning this matter, please c	all:		
Cheyenne Moseley		800 773-0888 ex		
Name o	of Person	Area Code Daytine	Telephone Numbar	
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 radditional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
M.II	ING ADDRESS.	STRFFT/COURI	FR ADDRESS:	

MAILING ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

REAVES REAL ESTATE LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000264393	were filed on 11/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Reaves Plaza LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records. ; ere:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	a b b b

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> l'itle</u>	Name	Address	Type of Action
			Add
			Remove
			
			Add
			□ Remove
			Zin Aff
			Renno
			ABUN BO AN 8: 55
		☐ Remove	
			□ Remove
			
			Add
			Remove

Page 3 of 3

Stephen Reaves
Typed or printed name of signee

Filing Fee: \$25.00

19 JAN 10 AM 8: 55