Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001260713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAVES PLAZA LLC

Certificate of Status	U
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Help

TO:

Registration Section

Tallahassee, FL 32314

## **COVER LETTER**

Division of Cor	porations				
	PLAZA LLC				
SUBJECT:	Name of Lim	ited Liability Company			
		• • •			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Cheyenne Moseley				
		Name of Person			
		Timile vi 7 en vii			
	Legalzoom.com. Inc.		, <u></u> -		
	Firm/Company				
101 N. Brand Blvd., 11th Floor					
		Address	<del></del>		
	Glendale, CA 91203				
		City/State and Zip Code			
	sreaves3@gmail.com				
	E-mail address; (	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	all:			
Cheyenne Moseley		800 773-0888 es	kt. 9724		
Name o	of Person	at ()	: Telephone Number		
Enclosed is a check for t	he 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)		
Regist Divisi	JING ADDRESS: ration Section on of Corporations 30x 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n		

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2019

CHEYENNE MOSELEY LEGALZOOM.COM, INC 101 N BRAND BLVD 11TH FLOOR GLENDALE, CA 91203

SUBJECT: REAVES PLAZA LLC Ref. Number: L18000264393

We have received your document for REAVES PLAZA LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 719A00005709

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited Compa	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/13/2018	and assigned
Florida document number 1.18000264393		
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 end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2506 S. MacDill Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33629	
Enter new mailing address, if applicable:	2506 S. MacDill Ave.	·
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33629	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, en	nter the name of th
registered agent and/or the new registered titale address ner	<u>v</u> .	
Name of New Registered Agent:		
New Registered Office Address:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	Enter Florida sweet address	
	, Florid	aZip Cocks

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen Reaves	6131 YEATS MANOR DRIVE	Add
		TAMPA, FL 33616	<b>☑</b> Remove
AMBR	Layla Kiffin	6131 YEATS MANOR DRIVE	
		TAMPA, FL 33616	<b>☑</b> Remove
AMBR	John D. Reaves	6131 YEATS MANOR DRIVE	☐ Add
		TAMPA, FL 33616	☑ Remove
<u>AMBR</u>	Stephen Reaves	2506 S. MacDill Ave.	Ø Add
		Tampa, Florida 33629	Remove
AMBR	Loyta Kiffin	2506 S. MacDill Ave.	<b>☑</b> Add
		Tampa, Florida 33629	□ Remove
AMBR.	John D. Reaves	2506 S. MacDill Ave.	<b>☑</b> Add
		Tampa, Florida 33629	□ Remove
			- <del></del>

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Signature of a member or authorized representative of a member

Stephen Reaves

Typed or printed name of signee

Filing Fee: \$25.00