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## COVER LÉTTER

то:	Registration Section Division of Corpor			
SUBJE(	cr: Ree	ves Prae Name of Lin	dium LLC nited Liability Company	
The enc	losed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresponde	nce concerning this matter	to the following:	
		Bria	Name of Person	
		_	es Praedium	
		3806 F	Fieldstone C	ic
		Winter	Haven FL City/State and Zip Code	3388(
	-	E-mail address:	(to be used for future annual report noti	fication)
For furt	her information cond	erning this matter, please of	call:	
	Brian Name of Pe	Reeves	at (863) 899 Area Code Daytim	9 - 19 86 e Telephone Number
Enclose	ed is a check for the f	following amount:		
<b>X</b> \$2	5.00 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

Reeves Pro	reclium 1	-LC			
( <u>Name of the Limited Liability Co</u> (A Florida Linu	ompany as it now appears of ited Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Comp Florida document number $\_L\ \mathcal{DOCCOQ}(9^2/4/2)$ .	any were filed on/	-21-20		and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited  BRIAN S. Reeves, F  The new name must be distinguishable and contain the words "Limited I	PLLC		ie abbrey	iation "L.	1C."
Enter new principal offices address, if applicable:		**************************************	7	020 A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>	P 20 20 20 20 20 20 20 20 20 20 20 20 20	المالية المالية
Enter new mailing address, if applicable:			ASSET F	3 PH 2:1	
(Mailing address MAY BE A POST OFFICE BOX)			r <sub>1</sub>	20	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the r</u>	name of	`the nev	v registered
Name of New Registered Agent:					<del> </del>
New Registered Office Address:	Enter Florida	street address	-		<del></del> _
	Сйу		7	Sip 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	
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			□Change
			□ Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	real estate
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ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocuir	nent's effective date on the Department of State's records.
recor Lis fi	d 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
	02/5/2010
ated	<u>02/5/2020</u>
	Signature of a member or authorized representative of a member
	Typed or printed name of signed

Filing Fee: \$25.00