L16000064511

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COVER LETTER

TO:

	Registration Sec Division of Corp			
041B IE 6	Bloch & Re	ed LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Ralph J. Bloch		
		<u></u>	Name of Person	
		Bloch & Reed LLC		
			Firm/Company	
		7132 Dornough Lane		
			Address	
		Bradenton FL 34202		
			City/State and Zip Code	
		ralph.bloch@blochreed.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please co	all:	
Ralph Bl	och		312 371-6673	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
☐ \$25.0	00 Filing Fee	≘ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co		
	P.O. Box 632		The Centre of	-
	Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bloch & Reed LLC		
(Name of the Limited Liability (A Florida Lin	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L16000064511	npany were filed on March 31,2	2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
BlochReed LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>ss)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		.3.05.
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records,	enter the name of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street	address
	_	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an	nd agree to act in this capacit	y. I further agree to comply with t

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 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>	Name	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□ Add
			□ Add
			🖸 Remove
			Change
			□ Add
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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this blo	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requi	90 days after filing.) Pursuan rements, this date will not	t to 605.02 be listed
ument's effective date on the De	partment of State's records.		·	
cord specifies a delayed effective	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after th
filed.				
July 28	2023			
ed		-		
\mathcal{M}	11/1/15/			

Filing Fee: \$25.00