L04000021973

(Reque:	stor's Name)			
(Addres	s)			
(Addres	s)			
(City/Sta	ate/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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10 JAN II PH 4: 08

T. HAMPTON

JAN 1 2 2010

EXAMINER

COVER LETTER .

TO:	Registration Section Division of Corporations			
SUBJE	Name of Limited Liability Company			
The en	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
-	RAYMOND GREAVES Name of Person			
	Firm/Company			
	1520 SE 11 th STREET			
	Derfield Beh Fl 33441 City/State and Zip Code Facedom Rhy @ HOL Low E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
_T	Raymonn Greaves at 954 818-9565 Name of Person Area Code & Daytime Telephone Number			
	ed is a check for the following amount: 5.00 Filing Fee \$\sum_\$\$30.00 Filing Fee & \$\sum_\$\$55.00 Filing Fee & \$\sum_\$\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

RECEIVED

10 JAN 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2009

REABURN DEVELOPMENT, LLC 1520 SE 11TH ST DEERFIELD BEACH, FL 33441

SUBJECT: REABURN DEVELOPMENT, LLC

Ref. Number: L04000021973

We have received your document for REABURN DEVELOPMENT, LLC and check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of 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):245-6855.

Letter Number: 809A00037041

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

DO DOY COOK WILL BUILD ON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1 Development	
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	0/02 Land assigned 23/04
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
REABURI	1 Investments	LLC
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	JA JAR
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1520 SE 117 Dec field	4 sr state Bch FL 3384 S
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Entar Flor	oida street address
	Enter Florida street address	
	City	_, Florida Zip 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action **Title** <u>Name</u> ☐ Add Remove Remove ☐ Add _ Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Raymono breaves
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00