L06000 118150

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COVER LETTER

TO: Registration Division of C			
3105 RE SUBJECT:	EYNOLDS, LLC		
30000CT	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Michael L. Browning		
		Name of Person	
	New Moon Management C	Group, LLC	
		Firm/Company	
	402 Appelrouth Lane		
	·	Address	
	Key West, FL 33040		
		City/State and Zip Code	
	mbrowning@newmoonmgn		
	E-mail address: ()	to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please ca	all:	
Michael L Browning		305 304-9072	
Nam	e of Person	at ()	: Telephone Number
Enclosed is a check fo	r the 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3105 Reynolds, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L06000118150</u> .	were filed on 12/11/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3105 SR 574	
(Principal office address MUST BE A STREET ADDRESS)	PLANT CITY, FL 33563	
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· <u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	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 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>	<u>Name</u>	Address	Type of Action
MGR	Matthew R. Sireci	11312 GREAT NECK RD RIVERVIEW, FL 33578	
			☐ Remove
			☐ Change
MGR	Thomas J. Sireci	402 Appelrouth Lane Key West, FL 33040	■ Add
			Remove
			□ Change
MGR	Michael L. Browning	402 Appelrouth Lane Key West, FL 33040	
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
		 	Remove
			Change

E. Effec	08-01-2019 tive date, if other than the date of filing:	
(lfan ei	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
	nent's effective date on the Department of State's records.	us tire
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
	. 08-02-2019	
Dated	·	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00