(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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## **COVER LETTER**

TO: R D	legistration S livision of Co	Section orporations		
SUBJECT	Reach Inv	estments LLC - EIN- 26-02	232047	
		Name of I	Limited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are s	submitted for filing	
		ondence concerning this matt		
		David Byrd		
		<u>-</u>	Name of Person	
		Reach Investments		
			Firm/Company	
		PO Box 911		
			Address	<del></del>
		Silver Springs, FL 34489		
		procarbide@gmail.com	City/State and Zip Code	
		E-mail address:	(to be used for future annual report noti	fication)
For further in	formation co	neerning this matter, please o	call:	
David Byrd			352 209-4680	
	Name of	Person	at ()  Area Code Daytim	e Telephone Number
inclosed is a	check for the	following amount:		
\$25.00 Fil	ling 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

REACH INVESTMENTS, LLC		
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L07000055450	_ and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable:	OLVISION OF COMMENT OF VIALIDATION OF STREET	エニ
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the obligation.	<u> </u>	
Enter new principal offices address, if applicable:	Viation II. J. C.	7
(Principal office address MUST BE A STREET ADDRESS)	1:56	- -
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	name of the i	- new
Name of New Registered Agent:		
New Registered Office Address:		•

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	Name	Address	Type of Assissa
MGR	Elliot Ryuichiro Itai	25W311 Foster Ave	Type of Action
		Keeneyville, IL 60172	
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			———— □ Change
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	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	SIDH WILLIAM SIDH
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ffectiv	clive date is listed, the date of filing:
ote: I	I the date inserted in this blant.
ocumei	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
1116 3	our day after the record is filed.
ted	DAUGE Signature of a member or authorized representative of a member  David Byrd  Typed or pental at 5
	- 1AUID SURD
	Signature of a mount
	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00