#L07000122199

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2015 APR 28 PH 4: 45

K.SALY EXAMINER MAY - 6 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reynolds Moss LLC Name of Limited Liability Company
J Name of Emitted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Greta Reynolds
Reynolds Moss LLC
18331 Pines Blud #213
Pembroke Pines FL 33029
18331 Pines Blud #213 Address Pembroke Pines FL 33029 City/State and Zip Code Info @ reynold smoss. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Greta Reynolds at (800) 816-5522 Name of Person Area Code Daytime Telephone Number
7 dea codo Baytimo Polophono Pumber
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

2015 APR 28 PM 4: 45
PALLAGIAN Y UF STATE

REYNOLDS MOSS LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 12/10/2007 and assigned

Florida document number L07000122199

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REVNOLDS & GRANDA LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

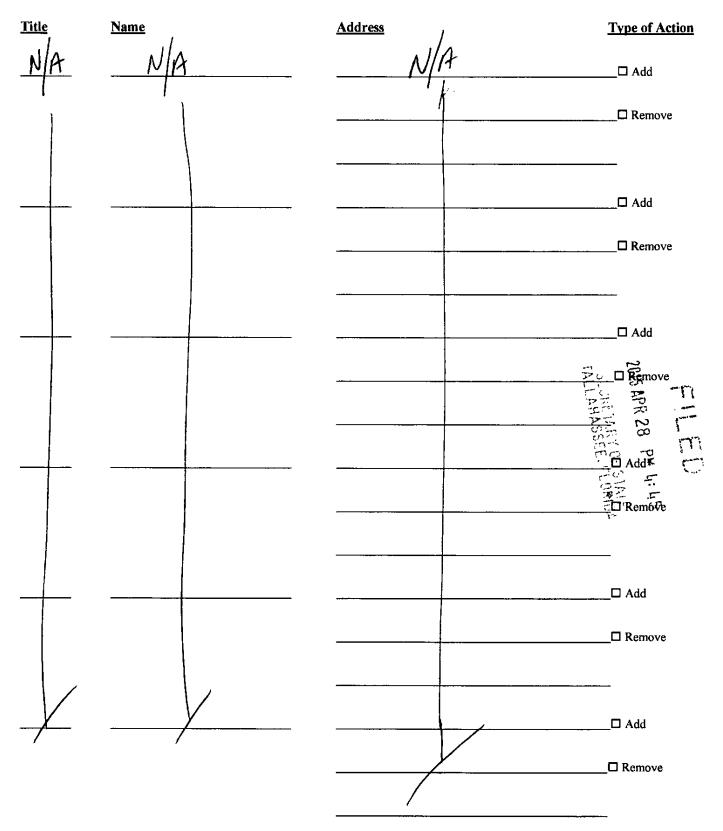
New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



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effective	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State) APRIL 23, 2015.

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Filing Fee: \$25.00