Division of Corporations

L08000002169

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MARKS GRAY, P.A.
Account Number : I20040000191
Phone : (904)398-0900
Fax Number : (904)399-8440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RECEIVED
08 JAN -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RIA REGISTRAR, LLC

G. MCLEOD
JAN 09 2008
EXAMINER

Certificate of Status	1
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Page Count	02
Estimated Charge	$30.00

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RIA Registrar, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
08 JAN -8 AM 9:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 1/7/08 and assigned Florida document number L08000002169.

This amendment is submitted to amend the following:

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

REAP in Wealth Management, LLC

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

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: N/A

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 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.

N/A
(If Changing Registered Agent, Signature of New Registered Agent)

(((H08000005639 3)))

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

Title	Name	Address	Type of Action
	N/A		☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

X _____
Signature of a member or authorized representative of a member

David H. Morgan
Typed or printed name of signee

Filing Fee: $25.00

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