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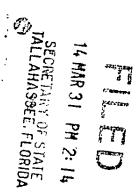
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	***
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COVER LETTER

TO:	Registration Section
	Division of Corporations

DAVID E REED, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott DiSalvo

Name of Person

DiSalvo & Associates, PA

Firm/Company

1760 N. Jog Road, Suite 150

Address

West Palm Beach, FL 33411

City/State and Zip Code

sdisalvo@d-acpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott DiSalvo

_at (561) 659-1177

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

DAVID E REED, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 12/2/2009 and assigned
Florida document number L09000114924	 ;
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
REED REAL ESTATE, LLC	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	To Section 1
Name of New Registered Agent:	
Name of New Registered Agent.	A R
New Registered Office Address:	Enter Florida street address
	Enter Florida street duaress
	City , Florida Code Care
Nam Davistanad Avanta Simatura (Sahara 1977)	
New Registered Agent's Signature, if changing Register	reu 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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Remove
	-		
			Remove
			□ Add
			Remove
			Add
			☐ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
Dated
Day Read Signature of a member or authorized representative of a member
· ·
DAVID E REED Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

