110000017730

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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COVER LETTER

TO: Registration Se Division of Cor						
CentralRe	ach, LLC					
SUBJECT:						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Peter Leiner					
	Name of Person					
	CentralReach, LLC					
	Firm/Company					
	371 S. Federal Hwy					
		Address				
	Pompano Beach. FL 33062					
	City/State and Zip Code					
	peter.leiner@centralreac	h.com to be used for future annual report notifi				
For further information c	oncerning this matter, please e	·	cation)			
Peter Leiner		954 543-1514				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
터 \$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

CentralReach, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/16/2010 and assigned Florida document number L0000017730 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 abbreviation 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Chingkoe, Dionne	371 S. Federal Highway	
		Pompano Beach, FL 33062	☐ Remove
			Change
Mgr Dir	Gatto, Matthew	371 S. Federal Highway	
		Pompano Beach, FL 33062	■ Remove
			Change
CEO	Sullens, Chris	371 S. Federal Highway	= Add
		Pompano Beach, FL 33062	□ Remove
			Change
CFO	Gordon, Jonathan	371 S. Federal Highway	■ Add
		Pompano Beach, FL 33062	
			Change
СТС	Brandt, Rich	371 S. Federal Highway	≅ Add
		Pompano Beach, FL 33062	☐ Remove
			Change
			☐ Remove

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Effective date, if other than	he date of filing:	(optional)
(If an effective date is listed, the date	nust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as the
the record specifies a dela) The 90th day after the i	ved effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlier of:
Dated July 10	2018	
Dor	1100	
1 gella	Signature of a member or authorized representati	

Page 3 of 3

Typed or printed name of signre

Filing Fee: \$25.00