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SECRETARY OF STATE

G. HARVEY
MAR 0.8 2011
EXAMINER

COVER LETTER

· TO:

TO:	Registration S Division of Co	ection rporations				
CUDI	·	Traci I	Reagan, LLC			
SUBJE	CI:		ted Liability Company	 		
		f Amendment and fee(s) are sub ondence concerning this matter	<u>-</u>	SECRETARIASSEI		
			Traci Reagan Name of Person	PRI 4: 29 EE, FLORIEN		
			Traci Reagan , LL (<u>. </u>		
	513 Balsawood Court					
		Δltar	Address monte Springs, FL 32714			
		Altai	City/State and Zip Code			
		tra	ci.reagan@gmail.com	tification)		
For fur	ther information	concerning this matter, please of	·	intention)		
	; :: •. •• T	raci Reagan	at (407)	497-5630		
		of Person		ime Telephone Number		
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$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/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Traci Rea	agan, LLC		00 - M
(Name of the Limite	d Liability Comp A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	THE STATE OF
The Articles of Organization for this Limited I		ny were filed on	2/23/2011	and assigned
Florida document numberL1100002	2677			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited lis	bility company he	<u>re</u> :	
	N/			
The new name must be distinguishable and end w 'L.L.C."	ith the words "Lir	nited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u>(Principal office address MUST BE A STRE)</u>	ET ADDRESS)			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and	lar registered .	office address on	one moonedo onto	- 4h
registered agent and/or the new registered o	ffice address he	ere:	our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	70-	stan Elantida atront	
		ER	nter Florida street a	aaress
	•	City	, Florida _	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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Mana MGRM = Ma	ager anaging Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action					
MGRM	Traci Reagan	513 Balsawood Ct. Altamonte Springs, FL 32714	✓ Add Remove					
<u>MGRM</u>	Richard D Reagan Jr	513 Balsawood Ct Altamonte Springs, FL 32714	Add Remove					
			Add Remove					
			Add Remove					
			Add Remove 					
			Add Remove					
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_					
			_					
Dated	March 1 201	1	- -					
	Iraci Rec	r authorized representative of a member						
Traci Reagan Typed or printed name of signee								

Page 2 of 2

Filing Fee: \$25.00