L12000143698

(9)	questor's Name)	
(Re	questors name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: REA Holding Enterprises LLC Namedi 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:

-ayton Holding Enterprises LLC Sakera Rd -1 <u>3466</u> ity/State and Zip Code Lisa Campri Lancar Clatt. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ar(<u>77) 861-1200</u> 56 Davtime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) 3

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ധ

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ARTICLES OF	AMENDMENT	
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0		2
<u>(Name of the Limited Liability Compa</u> (A Florida Limited L	erprises LUC ny avit now appears on our records Jability Company)	7. 0
The Articles of Organization for this Limited Liability Company	were filed on 117973	and assigned?
Florida document number <u>L12000143698</u> .		
This amendment is submitted to amend the following:		, (*,
A. If amending name, <u>enter the new name of the limited liabi</u>	ility çompany here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS</i>)	18924 Sakera	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Part of the state of the state	
	Enter Florida street address	
	, Flo	
	Cuy	Zip Code

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

1

-

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGRM	Bicard Rivera	18934 Sakera Rd	🗆 Add
		Hudion FI 34467	XRemove
		·	🗆 Change
	·		🖸 Add
		<u> </u>	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	-	3/2027		

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	-2/7	7035	
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	,	Signature of a member or authorized representative of a member	
		Lisa Layton	
		Trend de printed agons of cionas	