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COVER LETTER

	ation Section n of Corporations	2	•	
SUBJECT:	REUKO PIVE VI Name of Lim	EEDLE LIV LLC nited Liability Company	c (4) 10g	TerrLLC
The enclosed Ar	ticles of Amendment and fee(s) are sub	omitted for filing.		
Please return all	correspondence concerning this matter	to the following:		
	THOUAS	S REUTHE	R	
		Name of Person		
	_	. 'irm/Company		
	12220 ROC	CK GARDEN	LN	
	Miaui	Address 33156 City/State and Zip Code 2 y a 400. Com		
	<u> </u>	City/State and Zip Code		
	TNYEU+NET E-mail address: ((to be used for future annual report noti	fication)	
For further infor	mation concerning this matter, please c	atl:		
Thoma	Name of Person	at (SOS) \$85	d 69 4 3 e Telephone Number	
Enclosed is a che	eck for the following amount:			
\$25.00 Filing 2 chec 25 \$ ea	0	□ \$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

IREUKO PINE	NEEDLE	LANE	LLC	
(Name of the Limite	d Liability Company a A Florida Limited Liabi	s it now appears on o lity Company)	ur reçords.)	
The Articles of Organization for this Limited Lia Florida document number $\angle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ability Company wer	re filed on <u>03</u>	12011	3_ and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	·	Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
B. If amending the registered agent and/o registered agent and/or the new registered off		address on our	records, ente	r the name of the new
Name of New Registered Agent:		_ <u>.</u>		
New Registered Office Address:	12220	Rock G	ARDEN	CANE 33156
	Mian	Ui	, Florida _	33156
	-	City		Zio 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 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, enter the title, name, and address of each person being added or removed from our records:

	Manager = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
	REWIHER KARIN	12220 ROCK GARDEN	LN Add
		12220 ROCK GARDEN Micemi 33156	□ Remove
			Change
	DEUTHER, THOMAS	12220 ROCK GARDEN	<u>LK</u> □ Add
		12220 ROCK GARDEN. Miumi 33156	□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

., If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/30.2018.
	Jr. DeuM
	Signature of a member or authorized representative of a member
	Thomas Reuther

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Typed or printed name of signee

Filing Fee: \$25.00