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TALL ALLASSEE FLORIDA



COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	& ASSOCIATES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fec(s) are sub			
T TOURS TO CALL THE CONTROL OF CO				
	RICHARD V. REIKENIS	<u> </u>		
		Name of Person		
	REIKENIS & ASSOCIAT	TES, LLC		
		Firm/Company		
	13081 GREEN TURTLE	WAY		
		Address		
	TEQUESTA, FL 33469			TAL SE
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	CRETTY TI
	RICK@REIKENIS.COM			TARY ASSE
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)	HASSEE, FI
RICK REIKENIS		561 818-5381		1 2: 28
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Registr Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	n	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cer	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

REIKENIS & ASSOCIATES, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000030681801</u> .	were filed on 2/24/2014 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company 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:	801 SOUTH OLIVE AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 105		
	WEST PALM BEACH FL 33401		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Estier Fiorital street talaress		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	. — ,		
I hereby accept the appointment as registered agent and agre 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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
 			AddRemoveAddRemoveAddAddRemoveAddRemove
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Affective date, if other than the date in effective date is listed, the date must be a local ocument's effective date on the Department's effective date on the Department.	e specific and cannot be p k does not meet the ap	plicable statutory filir	optiona (optiona) ore than 90 days after filing requirements, this day	ng.) Pirisuant to 605	.0207 (ed as t
e record specifies a delayed e The 90th day after the record	ffective date, but d is filed.	not an effective	time, at 12:01 a.m	n. on the earlie	er of:
JULY 28 Dated	2016				
EQ1	200	*			
Sig	enature of a member or a	uthorized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00