# L14000031875

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T. BROWN

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJEÇT:	Just Edice Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Name of Person	
		Firm/Company	<del></del>
	2901	N Dale Mubry Address	Highway, Apt. 1902
	Tame	Par FL 336 City/State and Zip Code	<del>507</del>
	E-mail address: (t	ian @ thereasony. o be used for future annual report positi	Com ication)
For further information co	ncerning this matter, please ca	ill:	
Name of	Ulian Blunt Person	at (610) 283 - Area Code Daytime	7457 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$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

## TO ARTICLES OF ORGANIZATION OF

	* " " " " " " " " " " " " " " " " " " "
(Name of the Limited Liability Compar (A Florida Limited L	
(1718) (422)	Option
The Articles of Organization for this Limited Liability Company	were filed on February 24, 2014 and assigned
Florida document number <u>L14000031875</u> .	, .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Reason LLC	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2901 N Dale Mabry Highway
(Principal office address MUST BE A STREET ADDRESS)	Apartment. 1902
	Tampa, FL, 33607
Enter new mailing address, if applicable:	a u
(Mailing address MAY BE A POST OFFICE BOX)	
Muning undress MAT BE A POST OFFICE BOAT	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here	<b>:</b>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

# Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title Type of Action** <u>Name</u> <u>Address</u> \_□ Add ☐ Remove \_□ Add \_

Remove \_ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove \_\_\_\_\_ Remove

<del></del>					·	
(The effective	ate, if other than the date must be specific, can document is filed by the	annot be prior	to date of receipt or	r filed date and can		optional) lays after
(The effective		annot be prior Florida Depa	r to date of receipt of artment of State)	r filed date and can		
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(The effective the date this	date must be specific, ca document is filed by the	annot be prior Florida Depa 27	r to date of receipt of artment of State)	r filed date and can	not be more than 90 c	

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Filing Fee: \$25.00