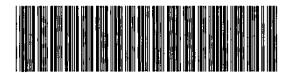
L14 000057696

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900262100489

07/11/14--01029--003 **25.00

COVER LETTER

TO: Registration Section Division of Corporat	tions		
SUBJECT: RE	Name of Limit	ESTON LLC led Liability Company	···
The enclosed Articles of Amer	adment and fee(s) are subn	nitted for filing.	
Please return all correspondence	ce concerning this matter to	o the following:	
	Roci	HELLE HABEA	3
_		Firm/Company	
	304	INDIAN TRA	(F, #534
-	benreit	City/State and Zip Code Cr Charlos And Code o be used for future annual report notifica	33326
For further information concer			
ROCHELLE Name of Person	HABER	at 954) 472 Area Code Daytime Te	- 7432 elephone Number
Enclosed is a check for the following	owing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REITERWESTON		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L1400057690</u> This amendment is submitted to amend the following:	ion APR 8,2014	and assigned
•		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enter t	he name of the new
		,
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		.* "
How Registered Office Address.	inter Florida street address	
	, Florida	Marie de Marie de Marie Marie de
City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		[2]

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name **Address Type of Action** ROCHELLE HABER 304 INDIAN TRACE YRAD MGR #534 ____ Remove WESTON, FL 33326 AMBR CAROLYN FUTITA 304 INDIAN TRACE MADE #534 ____ Remove WESTON FL 33326 TODI REITER 304 INDIAN TRACE X Add AMBR ## # 534 _ _ Remove WESTON FL 33326 □ Add __ Remove ☐ Remove □ Add ☐ Remove

	any other intermation,	, enter change(s) here. [A	ttach additional sheets, if necessary.)
		<u>,</u>	
The effective da	e, if other than the date te must be specific, cannot be cument is filed by the Florida	prior to date of receipt or filed da	(optional) ate and cannot be more than 90 days after
Dated	uly 9	, 2014.	
	/	Son Reit	
		Sture of a member or authorized	representative of a member
	Sign	detaile of a monitori of additionized	•
	sign VS E	N REITE	R

Page 3 of 3

Filing Fee: \$25.00