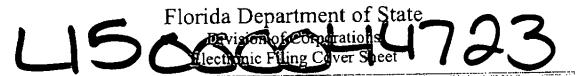
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 : (305)858-9900 Phone Fax Number ; (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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REACH 3607, LLC

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COVER LETTER

T(): Registration of	on Section (Corporations
	:H 3607, LLC
SUBJECT:	Name of Limited Liability Company
	es of Amendment and fec(s) are submitted for filing. Tespondence concerning this matter to the following:
Tiome (contract on con	DARLIN ESPINOSA
	Name of Person
	RICHARDS & PARTNERS, P.A.
	Firm/Company
	2665 SOUTH BAYSHORE DRIVE SUITE 703
	Address
	MIAMI, FL 33133
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informs	tion concerning this matter, please call:
DARLIN ESPINO	SA 305 858-9900 at ()
N	lame of Person Area Code Daytime Telephane Number
Enclosed is a check	c for the following amount:
≡ \$25.00 Filing I	Fee S30.00 Filing Fee.& S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 and assigned
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gnation "LLC" or the abbreviation "L.L.C."
2022
B
SEL BONE
27 80 17
<u> </u>
ords, enter the name of the new register
ı street address
, Florida Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DESMYD ALJA FLORIDA LLC	16630 SUNSET WAY	🗖 Add
		WESTON, FL 33326	■ Remove
			Change
MGR FERNAN RODR	FERNAN RODRIGUEZ	2665 SOUTH BAYSHORE DRIVE	
		SUITE 703	
		MIAMI, FL 33133	☐ Change
			□Add
			□Remove
			Change
			□Add
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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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
recor d is fil	d 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 ed.
Dated	February 17 . 2022. Forman Podriavez
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00