115000 173258

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
`	,	
(Ć	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer;	
	Office Use Only	



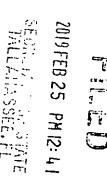
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R. WHITE

FEB 2 8 2019



COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	ece.	REYNA INVESTMENT	TS LLC	
30 DJ F		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			REYNA HURLEY	
			Name of Person	
			N/A	
			Firm/Company	
		102	58 OASIS PALM DR	
			Address	
		Т	AMPA, FL 33615	
			City/State and Zip Code	
		E-mail address; (to be used for future annual report of	iotification)
For fur	ther information co	oncerning this matter, please ca	ıll:	
_	REYNA HU		at (<u>\$13</u>) <u>* 31</u> Area Code Day	7-1135
	Name o	f Person	Area Code Day	time Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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:

TO:

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

FILED

2019 FEB 25 PH 12: 41

	REYNA	A INVESTMENTS LLC	SECRETION A STATE
(<u>Name of the Lim</u>	(A Florida Lim	MINVESTMENTS LLC ompany as it now appears on our r ited Liability Company)	ecords.
The Articles of Organization for this Limited I Florida document numberL15000173258		nany were filed onFLORID	A and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
	RIH INVESTMI		
The new name must be distinguishable and contain the	words "Limited I	liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
		 	
Enter new mailing address, if applicable:		N/A	
<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)		
•			
B. If amending the registered agent and egistered agent and/or the new registered of	ς,		cords, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street d	uddress
	N/A		_, Florida
	-	City	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
			□ Remove
			Change
	<u> </u>		
			☐ Remove
			□ Change
•			
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
		_	□ Remove
			□ Change

	N/A
_	
	
ective	date, if other than the date of filing: N/A (optional)
effecti	ve 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 90	th day after the record is filed.
	1.1.0 1.10
ed	02/19/2019
	- tullet
	Signature of a member or authorized representative of a member
	REYNA HUR by Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00