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. (Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	? #)
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COVER LETTER

ro:	Registration Section Division of Corpor		·	
SUBJE	сст:	REEF COURT Name of Linhi	LLC ted Liability Company	
The end	closed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please i	return all corresponde	nce concerning this matter t	to the following:	
		•	Stephon Rossler Name of Person	
		4 .	Firm/Company	
	•	6 5	12 Jeffrey Ct	-
			Address '	
	·	レス	City/State and Zip Code	32708
	_	5R055	LER & CFL, RQ, Lo to be used for future annual report notifi	Μ
			·	cation)
For fur	ther information conc	erning this matter, please ca	ill:	
	Steph	n Rossler	at (<u>Y07</u>) <u>Y32</u> Area Code Daytime	-1269
	Name of Fe	SOII	Area code Daytine	reseptione Number
Enclose	ed is a check for the fo	ollowing amount:		
£ 1 \$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:

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

REEFC	ourt ill		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	_	_ and assig	;ned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:	<u> </u>	 	
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	e name of	f the <u>new</u>
Name of New Designand Access			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	- 8	<u> </u>
	. Florida	-	고.댐 그는
-	City , Florida	Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:	PE	- fr.m-7 301
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if i istered office address, I hereby confirm that the limite ange.	niliar with this docun	and nent is

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:

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Kelley R Rossler	642 Jeffrey ct	Add
-	,	642 Jeffrey ct Winter Spring, FL 32700	Remove
		<u> </u>	Change
		· · · · · · · · · · · · · · · · · · ·	Add
		EINES 82-4175584	☐ Remove
		EIN as 82-4175584	Change
			Add
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ctive date, if o	ther than the date	of filing:			(option:	
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