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JAN 3 7 7P. S. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT: Reel	MFG LLC Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Beth Mc(Name of Person	
	FOR LIFE	Prodocas Firm/Company	
		145th Ave	
	MIRAMA	AR FL 3302	7
	Pert @	City/State and Zip Code For Life Prowas. co to be used for future annual report notifi	Cication)
For further information con	ncerning this matter, please ca	all:	
Bert Mc	Cash	at (954) 747- 3	8300 e Telephone Number
Name of	Claudi	August Code Payani	- receptions - reconstruction
Enclosed is a check for the	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, F1, 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

Reel MFG LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	npany)
The Articles of Organization for this Limited Liability Company were filed	on 1-23-18 and assigned
Florida document number <u>L 18 0000 19989</u> .	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
Reel MFR LLC	
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 2 E.J.
Principal office address MUST BE A STREET ADDRESS)	· · ·
	F. ·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	, 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
		·	☐ Remove
			☐ Change
			□ Remove
			Change
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	other than the date of	filing:	state of filing or more than	(optional)	Pursuant to 605 020
ffective date, if o	iserted in this block does	s not meet the applicab	ole statutory filing requi	rements, this date w	ill not be listed as
an effective date is li lote: If the date in	e date on the Departmen	nt of State's records.			
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Filing Fee: \$25.00