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

TO;	Registration Se Division of Cor				
SUBJE		PER HOLDINGS, LLC			
SUBJE	C1.	Name of Lim	ited Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		STEVEN J. CROY			
			Name of Person		
		REEL KEEPER HOLDIN	GS, LLC		
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company		
4540 SOUTHSIDE BLVD SUITE 504					
			Address		
		JACKSONVILLE, FL 322	216		
			City/State and Zip Code		
		STEVEN@REELKEEPER			
		E-mail address: (to be used for future annual report notifi	ication)	
For furt	her information c	oncerning this matter, please ca	all:		
STEVE	EN J. CROY		904 334-3929 at () Area Code Daytime		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne 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, 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

	EL KEEPER HOLDINGS, LLC	
(Name of the Limited I	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liabi Florida document number	and assigned	
This amendment is submitted to amend the followi	ng:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	2 . 0
(Principal office address MUST BE A STREET A	ADDRESS)	3-1 TO
		学 歌 江.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	35 6
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	For Florida and H	
	Enter Florida street addre	ess
-	, F	lorida
	City	ыр Соае

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>	Name	Address	Type of Action
MGR	JUSTIN L CROY	4540 SOUTHSIDE BLVD	□ Add
		SUITE 504	🗆 Remove
		JACKSONVILLE, FL 32216	■ Change
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
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te: If the date is	other than the listed, the date must inserted in this blo ive date on the De	be specific and ock does not r	t cannot be pri neet the appl	or to date of fi icable statute	ling or more than	(option 90 days after fi ements, this o	ling.) Pursuant	to 605.0 e listed
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	ifies a delayed after the reco			ot an effe	ctive time, a	it 12:01 a.	m. on the e	earlier
4/	11/2018		•	·				
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		Signature of a	member or an	orized repre	sentative of a me	mber		

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Filing Fee: \$25.00