

L18000021716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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A. BUTLER  
DEC 13 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REEL KEEPER HOLDINGS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN J. CROY

\_\_\_\_\_  
Name of Person

REEL KEEPER HOLDINGS, LLC

\_\_\_\_\_  
Firm/Company

1309 ST JOHNS BLUFF RD N - SUITE A5

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32225

\_\_\_\_\_  
City/State and Zip Code

STEVEN@REELKEEPER.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN J. CROY

904

334-3929

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

REEL KEEPER HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 NOV 23 AM 10:21

ESTATE  
JACKSONVILLE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/25/2018 and assigned  
Florida document number L18000021716.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1309 ST JOHNS BLUFF RD N

SUITE A5

JACKSONVILLE, FL 32225

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1309 ST JOHNS BLUFF RD N

SUITE A5

JACKSONVILLE, FL 32225

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1309 ST JOHNS BLUFF RD N SUITE A5

*Enter Florida street address*

JACKSONVILLE

*City*

Florida 32225

*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>	<u>Type of Action</u>
MGR	JUSTIN L. CROY	1309 ST JOHNS BLUFF RD N	<input checked="" type="checkbox"/> Add
		SUITE A5	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Change
AMBR	BRANDON J. CROY	1309 ST JOHNS BLUFF RD N	<input type="checkbox"/> Add
		SUITE A5	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 18

2021

Signature of a member or authorized representative of a member

STEVEN J. CROY, REGISTERED AGENT

Typed or printed name of signee

**Filing Fee: \$25.00**