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## **COVER LETTER**

Division of Corporations
SUBJECT: Reabird 1 Investments, 200 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Susan R Lupien Name of Person
Realbird 1 Investments Firm/Company
114 Indian River Blva #182
Edgewater FL 32141  City/State and Zip Code  Réabira Linvestments e idoud.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Lupien at (407) 429-9779  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Kedbird 1 Investments	LLC
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Feb}}{\text{Elorida document number}}$	ප <u>ුධරාලි</u> and assigned
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	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u><b>39</b>. ×</u> ∞
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	CHETACK TO SHOW THE COLUMN TO SH
B. If amending the registered agent and/or registered office address on our	records, enter the name of the nev
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	

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>	<u>Address</u>	Type of Action
MGR	Ann Rutledge Hendrix	H4 Indian River Blvd #182	Add
		Edgewater, FL 32141	<b>₽</b> Remove
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ote: If the date inserted in this	May 1, 2018–12:01 a.m.  he date of filing:  must be specific and cannot be prior to date of filing or m block does not meet the applicable statutory filin Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
e record specifies a delay The 90th day after the r	ed effective date, but not an effective t ecord is filed.	ime, at 12:01 a.m. on the earlier
June 6 Pated	2018	
Del	Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00