L18000043758

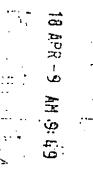
(Requestor's Name)
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COVER LETTER

	gistration Sec vision of Corp			
CUDICCT	Reep and K	alish LLC		
SUBJECT	<u> </u>	Name of Limi	ted Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please retu	m all correspor	ndence concerning this matter t	to the following:	
		Justin Scott Reep		
			Name of Person	<u></u>
		Justin Reep P.A., P.L.L.C.		
			Firm/Company	.
		10263 Gandy BLVD N #22	202	
			Address	
		Saint Petersburg, FL 33702	2	
			City/State and Zip Code	
		Justin_Reep@yahoo.com	o be used for future annual report notif	
		E-mail address: (t	o be used for future annual report notif	tication)
For further	information co	oncerning this matter, please ca	dl:	
Justin Scot	t Reep		561 317-8256	
	Name of	Person	at ()	e Telephone Number
Enclosed is	a check for th	e 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

Reep and Kalish LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>(s.)</u>
ne Articles of Organization for this Limited I	Liability Company	were filed on 2/19/2018	and assigned
orida document number <u>L18000043758</u>	·		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
stin Reep P.A., P.L.L.C.			
e new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:	12651 Walsingham Road	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		Suite B	
		Largo, FL 33774	
ter new mailing address, if applicable:		12651 Walsingham Road	
uiling address MAY BE A POST OFFICE	EBOX)	Suite B	
		Largo, FL 33774	18
			APR
If amending the registered agent and			ls, enter the name of the
<u>gistered agent and/or the new registered (</u>	office address her	<u>e</u> :	0
Name of New Registered Agent:	Justin Reep		
New Registered Office Address:	12651 Walsing	ham Road, Suite B	6.4
		Enter Florida street addre:	3.5
	Largo	FI	lorida <u>33774</u>
		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, Signstate of San Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	Scott J. Kalish	5280 14TH AVE. N	🗆 Add
		Saint Petersburg, FL 33710	■ Remove
			Change
			Remove
			☐ Change
			□ Remove
			\ \\ \frac{1}{\text{NI}} \tau \tau_{\text{NI}} \\ \text{NI} \tau_{\text{NI}} \\ \tau_{\text{NI}}
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Page 3 of 3

Filing Fee: \$25.00