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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: RE	ED CREE Name of Lin	EK LLC.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	El1C A	MULLER Name of Person	
	REED C	REEK, LLC.	
	5342 CLA	ALK RD #132 Address	
	SARASOTA	FLORIDA 3 City/State and Zip Code	4233
		TION & HOT MAIL, CO to be used for future annual report notif	
For further information c	oncerning this matter, please ca		in and in
ERIC H. M. Name o	1/LLER f Person	at (941) 929 Area Code Daytime	-2900 Telephone Number
Enclosed is a check for the	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

REED CREEK (Name of the Limited Liability Comp. (A Florida Limited	LLC pany as it now appears	on our records.)		
The Articles of Organization for this Limited Liability Companion Florida document number $\frac{L 18000165986}{}$			and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the des	ignation "L1.C" or the abbr	eviation "L.L.(C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				2
			— 2≥	338
			<u> </u>	- 92 - 02 - 03 - 03 - 04 - 04 - 04 - 04 - 04 - 04 - 04 - 04
Enter new mailing address, if applicable:			27	585
(Mailing address MAY BE A POST OFFICE BOX)			_	중익다
			<u>=</u>	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on e ere:	our records, <u>enter t</u>	ne name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	•		zip con	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this ca te performance of m s provided for in Ch	ny duties, and I am far Papter 605, F.S. Or. if	miliar with a this docum	and ent is
If Cha	anging Registered Ager	nt, <u>Signature of New Regis</u>	stered 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
AMBR	LEROY A. WEAVER	3505 HACIENDA ST. SARASOTA R.	X Add
			Remove
			Change
			□ Add
			Remove
			Change
 -			
			□ Remove
			Change
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	<u> </u>			AM III
<u>Note:</u> If the date	f other than the date of filing s listed, the date must be specific and o inserted in this block does not me tive date on the Department of St.	eet the applicable statutory f	(optional) or more than 90 days after filing.) F iling requirements, this date w	Pursuant to 605.02
the record spec The 90th da	ifies a delayed effective day y after the record is filed.	ate, but not an effectiv	e time, at 12:01 a.m. o	n the earlier
Dated #106	115T 22.	2018.		
	JAKA / Sign harrist of a	iember or authorized representa	tive of a mambae	<u>_</u>
•	- Significant of a m	connect or authorized tehreselite	ιτι στα πειπική	

Page 3 of 3

Filing Fee: \$25.00