11800203224

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflofie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

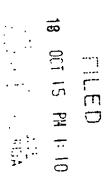
Office Use Only

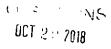


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TO: Registration Section **Division of Corporations**

COVER LETTER Filing cancelled due to returned check

	YES "LLC"		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GEORGE ASTWOOD		
		Name of Person	
	ASTWOOD FINANCIAL	LLC	
		Firm/Company	
	16400 NW 15 AVE		
		Address	
	MIAMI, FL		
	astwoodfinancial@gmail.	City/State and Zip Code com	
	E-mail address: (to be used for future annual report not	iification)
For further information	econcerning this matter, please ca	all:	
George Astwood		786 443-7998 at ()	
Nam	e of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FOR REYES LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L18000203224	ny were filed on August 24th 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	bility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5 (1)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ere</u> :	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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 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 Type of Action <u>Address</u> <u>Name</u> <u>Title</u> REYES R REYES MGR _□ Remove Filing cancelled CALVIN R REYES III due to returned check ■ Change _□ Add _□ Change Remove ☐ Change □ Add ☐ Remove __ 🗆 Change _□ Remove

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable sidenment's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.020 tatutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
Dated 8/28/18 . 2018	
Signature of a member or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00