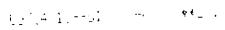
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EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
er in a		olldins LLC			
SOR	ECT:	Name of Lin	nited Liability Company	· · · · · ·	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Plcase	e return all correspo	ondence concerning this matter	to the following:		
		Scott Perrone			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Reuven Holdings LLC			
			Firm/Company		Status &
		4730 S. Hampton Dr.			
Address					
		Orlando FL 32812			
		scottperrone79@hotmail	City/State and Zip Code	· · · · · ·	
		E-mail address: (to be used for future annual report notifi	cation)	
For fu	orther information c	concerning this matter, please c	all:		
Scott	Perrone		302 229-2169 ພ ()		; ;;
	Name o	of Person		Telephone Number	*****
Enclo	sed is a check for the	he following amount:			O,
■ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & 7
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reuven Holldins, LLC		
(<u>Name of the Limited Liat</u> (A Flor	ollity Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 08/28/2018	and assigned
Florida document number L18000206031		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
Reuven Holdings, LLC		5 0
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		ed E
Principal office address MUST BE A STREET AD	DRESS)	t
		~~ ~
		·0
nter new mailing address, if applicable:		<u>C</u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered agent and/or the new registered office ac	•	enter the name of the a
Name of New Registered Agent:		
New Registered Office Address:		·····
	Enter Florida street address	
	, Flor	ida
	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, 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>	Type of Action
			☐ Remove
			☐ Change

			☐ Remove
			☐ Change
			7 4 4
			DAdd
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Add
			Remove
			☐ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more: If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	, · · , · · · · · · · · · · · · · · · · · · ·
	12.01
record specifies a delayed effective date, but not an effective ti he 90th day after the record is filed.	me, at 12:01 a.m. on the earlie
A 1 0. 215	
ed August 30 . 2018.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00