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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	r. Reach LLC Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	o the following:		
	Kati	Name of Person		
		Peach LLC		
		Firm/Company		
	PmB 214,	1133 Rol Horbor Bla Address	id, 439	
	Pant	ti Garda , FL 33 City/State and Zip Code	950	
		xom perioh Esperia i Los o be used for future annual report notific		-
For further information of	oncerning this matter, please ca	II:		
Kart E Name o	L. Heart i Person	at (<u>6/3.1</u>) <u>693.5</u> Area Code Daytime	7-135 Telephone Number	
Enclosed is a check for t	ne 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

FILED

2019 JAN 17 AM 8: 43

Pagin Pagh 116
Popin Reach LLC (Name of the Limited Liability Company as it now appears on our records.) IALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/01/2019}{}$ and assigned
Florida document number <u>L 190000 3545</u> .
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 "L.L.C" 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City . Florida 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

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> Address Type of Action Name. 3943 Traffe Deve Block, Andd Karrie L. Hart River Civida, Fl 33950 Remove _D Add _□ Remove _□ Change _□ Add □ Remove _□ Change

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Filing Fee: \$25.00