## 119000 201380

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

SUBJECT: REEL	Cours Pronter Name of Limit	TY ルスン G E パモ ted Liability Company	NT LLC
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	<u> Alex Anaga</u>	Name of Person	
		Name of Letson	
		Firm/Company	
	7635 W. L	ALCE DAIVE Address	
	LIKE CLARKE	SHO(2ES FL 3.) City/State and Zip Code	3406
	REEL COYS MAN E-mail address: ()	SHELLENT POLICE  o be used for future annual report noti	へ <del>のエピューC&amp;</del> AA fication)
For further information co	oncerning this matter, please ca		
ALEX UK			
SANANTHA Name of	AMAGNOSTA Person	at ( <u>《&amp;1</u> ) <u>\$&amp;\$</u> Area Code Daytim	SOFU 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

TO:

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 ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our reco	1-6 C	
(A Florida Limited Liabili	iy Company)		
The Articles of Organization for this Limited Liability Company were Florida document number 19000000000000000000000000000000000000	filed on <u>Fortibles</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
			_
REEL GUYS PROPERTY MANAGES.  The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)		TALL B	_
		23	
Enter new mailing address, if applicable:		SS: A	- 16 
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>-</u> 5
			_
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our reco	rds. <u>enter the name of the</u>	<u>nc</u>
Name of New Registered Agent:	- , , ,		_
New Registered Office Address:	Enter Florida street add	dress	_

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			————— 🗀 Change
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D. 114	imending any other information
	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective d	ate, if other than the date of filing:
Note: If the	ate, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( effective date on the Department of State's records:
Server of the server of	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( effective date on the Department of State's records:
If the record s (b) The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	day after the record is filed:
Dated	
	Signapare of a member of authorized representative of a member
	Carrier and the training of the contract of th
	Typed or printed name of signce vy
The state of the s	

Page 3 of 3. Filing Fee: \$25.00