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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCLIN & BURNSED P.A.

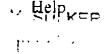
Account Number : 104657003604 : (352)753-4690 Fax Number : (352)751-4993

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REEL FAITH 1720, LLC

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Certified Copy	0
Page Count	05
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**COVER LETTER** 

	tration Se ion of Cor				
SUBJECT:	Reel Faith i	1720, LLC			
SUBJECT	-	Name of Line	ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll con espo	ndence concerning this matter	to the following:		
		Sarah E. Uhrik			
			Name of Person		
		McLin Burnsed			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		· · · · · · ·
		1028 Lake Sumter Landing	5		
		<del> </del>	Address	· · · · · · · · · · · · · · · · · · ·	·
		The Villages, FL 32162			
		SarahU@mclinburnsed.com	City/State and Zip Code		<del></del>
		E-mail address; (	to be used for future annual	report notificat	non)
For further infe	ormation c	oncerning this matter, please c	ali:		
Sarah E. Uhrik				9-5011	
	Name e	f Person	at () Area Code	Daytime Te	lephone Number
Enclosed is a c	heck for th	ne following amount:			
를 \$25.00 Fil	ing Fee	\$30.00 Filing Fee &    Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres		Street A		
	stration S sion of C	orporations	——————————————————————————————————————	ation Section of Corpor	
	Box 632	="		ntre of Talla	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

05/11/2020 09:19 35Z=751=499

MOLIN BOWNDED FOR

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reel Faith 1720, LLC						
(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears of Liability Company)	n our records.)		_	
The Articles of Organization for this Limited	Liability Compa	ny were filed on Octob	per 17, 2019	an	d assign	ncd
Florida document number L19000261087						
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited li	ability company here	:			
N/A						
The new name must be distinguishable and contain the	words "Limited Lin	bility Company." the desig	gnation "LLC" or the	abbreviotic	on "L.L.(	<del></del>
Enter new principal offices address, if appl	icable:	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)					
				<del></del>		<del></del> -
Enter new mailing address, if applicable:		N/A		25	702	
Mailing address MAY BE A POST OFFICE	BOX)			?~~í - ;;	<u> </u>	
			<u> </u>		<del>~</del>	: ; - <u></u> :-
			_	÷ - ,		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offici ess here:	e address on our reco	ords, <u>enter the na</u>	me of the	e uçw ı	egistere
				123 - 14 125 - 14		
Name of New Registered Agent:	Sarah E. Uhri	ik, Esq.		<del>(1</del> 1)		
New Registered Office Address:	1028 Lake Su	imier Landing				
		Enter Florida	street address			
	The Villages		, Florida <sup>3</sup>	2162		
		Cin		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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□ Change
<del></del>	<del></del>	<u> </u>	□ Add
			□ Remove
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	oding any other information, enter change(s) here: (Attach additional sheats, if necessary.)
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Effective If an effect Note: If documen	e date, if other than the date of filing:  (optional)  ive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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