

L20000069366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

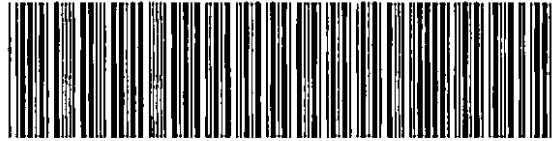
(Document Number)

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L2 - 69366

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2020 MAR 26 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

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N CULLICOTT

MAR 25 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Willow's Reef, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Chapman  
Name of Person

Willow's Reef, LLC  
Firm/Company

1021 W. 31<sup>st</sup> Street Apt 2  
Address

Riviera Beach, FL 33404  
City/State and Zip Code

roberttaylor@willowsreef.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Chapman at (561) 902-4716  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020 MAR 26 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FL

Willow's Reef, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 28, 2020 and assigned Florida document number L20000069366.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Willow's Reef, LLC

The new name must be distinguishable and contain the words "Limited Liability 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**)

1021 W. 31<sup>st</sup> Street

Apt 2

Riviera Beach, FL 33404

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1021 W. 31<sup>st</sup> Street

Apt 2

Riviera Beach, FL 33404

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:

Daniel Chapman

New Registered Office Address:

1021 W. 31<sup>st</sup> Street Apt 2

Enter Florida street address

Riviera Beach

City

Florida

33404

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>                           | <u>Type of Action</u>                      |
|--------------|---------------------------|--|--|
| <u>mgr</u>   | <u>Daniel Chapman</u>     | <u>1021 W. 31<sup>st</sup> St. Apt 2</u> | <input type="checkbox"/> Add               |
|              |                           | <u>Riviera Beach, FL</u>                 | <input type="checkbox"/> Remove            |
|              |                           | <u>33404</u>                             | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u>  | <u>Marianne Chapman</u>   | <u>1021 W. 31<sup>st</sup> St. Apt 2</u> | <input type="checkbox"/> Add               |
|              |                           | <u>Riviera Beach, FL</u>                 | <input type="checkbox"/> Remove            |
|              |                           | <u>33404</u>                             | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u>  | <u>Tamara Hart-Taylor</u> | <u>915 W. Jefferson St.</u>              | <input checked="" type="checkbox"/> Add    |
|              |                           | <u>Springfield, OH</u>                   | <input type="checkbox"/> Remove            |
|              |                           | <u>45306</u>                             | <input type="checkbox"/> Change            |
| <u>mgr</u>   | <u>Robert Taylor</u>      |  | <input type="checkbox"/> Add               |
|              |                           |  | <input type="checkbox"/> Remove            |
|              |                           |  | <input checked="" type="checkbox"/> Change |
|              |                           |  | <input type="checkbox"/> Add               |
|              |                           |  | <input type="checkbox"/> Remove            |
|              |                           |  | <input type="checkbox"/> Change            |
|              |                           |  | <input type="checkbox"/> Add               |
|              |                           |  | <input type="checkbox"/> Remove            |
|              |                           |  | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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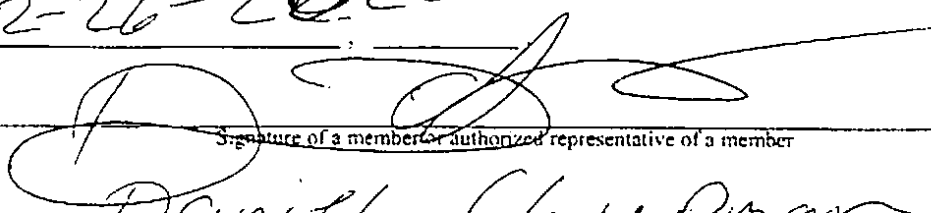
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SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2-26-2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Daniel Chapman  
\_\_\_\_\_  
Typed or printed name of signee