

120000244669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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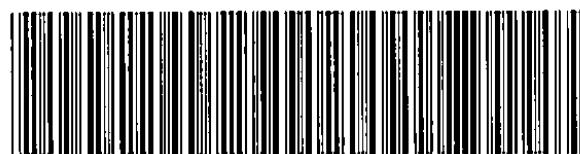
(Business Entity Name)

(Document Number)

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JAN 19 2021

END

2021 JAN 19 PM 2:44

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 JAN 19 PM 2:44

SECRETARIAL STATE  
TALLAHASSEE, FL

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

Articles of Organization for this Limited Liability Company were filed on 8/11/20 and assigned a document number L20D080244669.

amendment is submitted to amend the following:

**amending name, enter the new name of the limited liability company here:**

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

**new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_

**amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:**

Name of New Registered Agent:

La'Riel Brutton

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_

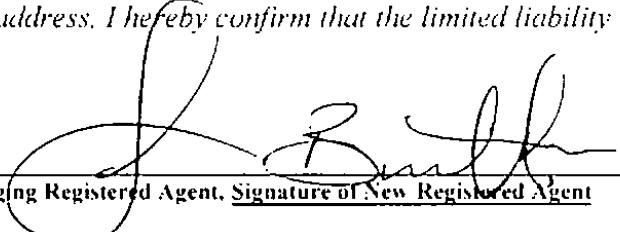
*City*

*, Florida*

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is 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

Individually Entitled Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

R = Manager

BR = Authorized Member

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

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ffective date, if other than the date of filing: \_\_\_\_\_ (optional)

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.

cord 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  
; filed.

3d

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00