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TO:

TO: Registration S Division of Co			
SUBJECT: Reavel	ley Management, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Krista Peterson		
		Name of Person	
	York Howell		
		Firm/Company	
	10610 South Jorda	n Gateway Suite 200	
		Address	
	south Jordan, Uta	h 84095	
		City/State and Zip Code	
	kristap@yorl	khowell.com	
	E-mail address; (to be used for future annual report not	infication)
for further information	concerning this matter, please c	all:	
Krista Peterson		at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration		<u>Street Address:</u> Registration Sc	petion
Division of (Division of Co	
P.O. Box 633		The Centre of	•
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Reaveley Management, LLC

DocuSign Envelope (i): D6328DD0-867F-49D5-BF74-87200501A6F5 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000254930	were filed on June 01, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	3065 Daniels Road #1490)
	Winter Garden, FL 34787	<u> </u>
Enter new mailing address, if applicable:	3065 Daniels Road #149	
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787	,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
 -		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pebing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: D6328DD0-867F-49D5-BF74-87200501A6F5
IT amending Authorized rerson(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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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	e, if other than the d te is listed, the date must b ate inserted in this bloc fective date on the Dep	e specific and k does not me	cannot be prior teet the applica	to date of filing or n	rore than 90 days afte	r filing.) Pursuant to 60)5.020 sted a:
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If an effective da Note: If the da document's effect e record specified is filed.	ies a delayed effective (late, but not a		ne, at 12:01 a.m.	on the earlier of: (t	n) The 90th day aft	er the
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