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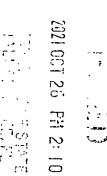
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER NOV 1 0 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: REEL NAUTI SAUTS COR	P LLC. ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s Please return all correspondence concerning thi	
<u> </u>	Name of Person
Reel	NAME SALEZ CORP Firm/Company
3534 S	LVER LACE LANE, 43
•	N BEAZH, FLORIDA 33436 City/State and Zip Code LEDTO MASSO 87 @ 9 may 1. Com
E-mail a For further information concerning this matter,	ddress: (to be used for future annual report notification) please cail:
Name of Person	at (267) 542-8902 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Si	
Mailing Address: Registration Section	Street Address: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REEL NAU	ITI SALEZ	CORP LIC	021 OCT 26 PM	2: 10
(Name of the Limit	ted Liability Com (A Florida Limited	pany as it now appead Liability Company)	ILP OU DOLL LEGGED TO	ぐせんさぎ
				STATE 5.5 and assigned
The Articles of Organization for this Limited L		ny were filed on _	7/8/2021	and assigned
Florida document number <u>L2100031279</u>	<u> 13</u> .			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	f the limited lis	ability company l	iere:	
ماله		<u> </u>		
The new name must be distinguishable and contain the	words "Limited Liz	bility Company," the	designation "LLC" or the	abbreviation "L.L.C."
way and the state of a college and decay if a wall	blas	112		
Enter new principal offices address, if appli		M a		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N <u>A</u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offic ess here:	ce address on our	records, enter the na	ame of the new registered
Name of New Registered Agent:	NA			
New Registered Office Address:	NA -			
11411	1.1.	Enter F.	lorida street address	
			, Florida	<u></u>
<u>.</u>		City	<u> </u>	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>	Name	Address	Type of Action
MGR	STEPHANIE STEELE	BOYNTON BEACH, FLORIDA 33135	2_ MAdd
		BOYNTON BEACH, FLORIDA 33135	Remove
			Change
- 			DAdd
			□Remove
			Change
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e: If th	e date inserted	in this block d	oes not me	et the appli	cable statuto	THE OF HIGH C RIG	(option 90 days after irements, this	onal) filing.) Pursuant date will not t	to 605.03 oc listed
ıment's	effective date	on the Departr	nent of St	ate s records	·• ·				
cord spe filed.	cifies a delaye	d effective date	, but not a	an effective	time, at 12:0	l a.m. on the	earlier of: (b) The 90th de	ıy after i
:d	O LTTRER	20	······································	2021	·				
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\		Signa	ture of a m	ember or aut	horized repre	sentative of a	member		
/						3011101110 01 4			

Filing Fee: \$25.00