L21000431899

(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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pecial Instructions to	Filing Officer:	
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Registration Section
Division of Corporations

RE-ACT Holding, LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Jeffrey Butt Name of Person Firm/Company 12125 Clear Harbor Drive Address Tampa FL 33626 City/State and Zip Code coralreef1996@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: frey Butt Daytime Telephone Number Name of Person closed is a check for the following amount: \square \$55.00 Filing Fee & \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RE-ACT Holding, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on 10/01/2001 and assigned orida document number L21000431899 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: a new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.E.C." 2912 WEST BAY COURT AVENUE ter new principal offices address, if applicable: TAMPA, FL 33611 rincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent:

w Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability inpany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

GR = Manager

MBR = A	Authorized Member		
<u>tle</u>	<u>Name</u>	Addréss 7-12 PH 3: 23	Type of Action
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	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as ecords.
ord specifies a delayed effective date, but not an effectiled.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Ovtober 9 2021	
To the men Bi	1/2

Filing Fee: \$25.00