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TALL ARASSEE FLOSING

SEP 1 2 2022 S. PRATHER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Core Refor	22	
TO THE TAX	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	San	ah Capaldo Name of Person	·····
		Reform LUC Firm/Company	
	1050 W	Vater Street Apt. 12 Address	38
	Tampa	FL 35602 City/State and Zip Code	
		e (cform lagree . Com to be used for future annual report no	
For further information	concerning this matter, please c	all:	
Sarah (apaldo	at (<u>508</u>) <u>223</u> Area Code Davin	- 6727- mc Telephone Number
(variativa	of Telson	Area Code Dayin	не тегерионе минист
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of O		Registration Se Division of Co	
P.O. Box 633		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	Any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200018619</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	PM 2: 34 E. FLORIDA	FILED
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 Gramercy Lane Tampa, FL 33609	
Enter new mailing address, if applicable:	1021 Gramerry Lane Tampa, Fl. 33609	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>	₫
Name of New Registered Agent: New Registered Office Address: 1021 Gra	amercy Lane	
Tan	OPA . Fiorida 33609 City 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =\ AMBR =	Authorized Member		
<u>Title</u>	Vame	Address	Type of Action
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			Premove
			□Change
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