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Division of Corporations

Florida Department of State Division of Corporations

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Division of Corporations

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From:

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Phone : (407)423-7656 Fax Number : (407)648-1743

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REEF POINT CIR, LLC

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H220003259063

Tallahassee, FL 32314

COVER LETTER

TO: Registra: Division			,	•	
Reef	Point Ci	r, LLC			
SUBJECT:		Name of Lim	ted Liability Company	,	
The enclosed Artic	cles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return all co	orrespond	dence concerning this matter	to the following:		
		Connie L. Ihm			
			Name of Person		
		Foley & Lardner LLP			
			Firт/Сотрилу		
		PO Box 1497			
			Address		
		Madison, WI 53701-1497			
			City/State and Zip Code	<u>,,</u>	
		cihm@foley.com E-mail address: (o be used for future annual	report notifica	tion)
For further inform	ation cor	accoming this matter, please co	all:		
David V. Northcu	itt Esq.			8-4785	
	Name of I	Person	at () Area Code	Daytime To	elephone Number
Enclosed is a chec	k for the	following amount:			
■ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
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Registra Divisio		ection rporations		n of Corpo	
P.O. Bo				ntre of Tall	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reel Point Cir, LLC	ed Linbill y Chara	in Yas it now appears on our	record,)
-	CA Flor its Limited	Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000119074	iability Company	were filed on March 8, 2	022 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	nility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	723 Reef Point Circle	
(Principal office address MUST BE A STREE		Naples, FL 34108	<u></u>
			IN SEP 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			28
		723 Reef Point Cir.	
		Naples, FL 34108	<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Repistered Agent;	egistered office is here: F & L Corp.	address on our records,	
Name of Yew Nepstered Apen,	() † - d	ent Dr., Suite 1300	
New Registered Office Address:	One Independe	Enter Florida stree	address
	Jacksonville		F1
	· · · · · ·	City	Flortda 32202 Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as _i registered office change.	performance of my dut provided for in Chapter	ies, and Lam familiar with and 605, F.S. Or, if this document is

F&L Corp.

By: Kandafe & Wolfe
It Changing Registered Agent, Signature of New Registered Agent

Randolph J. Wolfe, Vice President

⊙ 09-26-2022 12:33 PM Ff22000325906 3

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>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			Change
			□Add
		□Remove	
			□Change
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lf an effe <u>Note:</u> I	e date, if other than the date of filing:
e record rd is file	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
Dated _	9-27-2022
	9-13-2012 2022 January For authorized representative of a member
	Signatura principalita di California di Cali
	Laurie J. Fischer, MGR