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SECRETARY OF STATE
TALLAHASSEF E

### legistration Section 🚗 Pivision of Corporations

REYES N	ELLC

Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.

irn all correspondence concerning this matter to the following:

	KIRENIA REYES SILVA		
		Name of Person	<del></del>
		Firm/Company	
	5638 CHERRY WOOD C	RICLE	
		Address	
	LAKELAND, FL 33811		
		City/State and Zip Code	
	KIRE2021@ICLOUD.COM		
	E-mail address: (	to be used for future annual report noti	fication)
information o	concerning this matter, please c	all:	
REYES SILV	'A	863 3973200	
Name (	f Person	at () Area Code — Daytim	e Telephone Number
a check for t	he following amount:		
Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed

#### ailing Address:

egistration Section ivision of Corporations O. Box 6327 illahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION " • OF

REYES KIKE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) es of Organization for this Limited Liability Company were filed on  $\frac{10/06/2022}{10/06/2022}$ and assigned eument number 1.22000432250 dment is submitted to amend the following: nding name, enter the new name of the limited liability company here: ne must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: <u>ddress MAY BE A POST OFFICE BOX)</u> nding the registered agent and/or registered office address on our records, enter the name of the new regis <u>/or the new registered office address here:</u> Jame of New Registered Agent: **Jew Registered Office Address:** Enter Florida street address City

#### tered Agent's Signature, if changing Registered Agent:

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

If Changing Registered Agent, Signature of New Registered Agent

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#### Manager Authorized Member

<u>Name</u>	Address	Type of Action
KIRENIA REYES SILVA	5638 CHERRY WOOD CIRCLE	<b>=</b> Add
	LAKELAND FL 33811	□Remove
		□Change
RUFINO REYES VALDEZ	5638 CHERRY WOOD CIRCLE	□Add
	LAKELAND FL 33811	■Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		☐ Change
		□Add
	<del></del>	□Remove
		□Change

	er information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>		
he date inserte	er than the date of filing:	0207 d as (
ecifies a dela	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	<del></del> ••	
	Signature of a member or authorized representative of a member	