2300015446

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11 100-110
UMIS

Office Use Only



800431144558

08/11/24--01034--002 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

REEF IDE REAL ESTATE, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Reef Ide Name of Person REEF IDE REAL ESTATE, LLC Firm Company 13506 Summerport Village Pkwy, Suite 362 Address Windermere, FL 34786 City/State and Zip Code ReefIde@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Reef Ide Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 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**

REEF IDE REAL ESTATE, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited I	_iability Company	were filed on $\frac{3/27/20}{}$)23	and assigned
lorida document number L23000154461	·,			
his amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name of	of the limited liab	oility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		8517 FRENCH OAK	K DR,	
Principal office address MUST BE A STRE	ORLANDO, FL 328	335		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				2024 JUH 1
. If amending the registered agent and/or gent and/or the new registered office addre		address on our recor	ds, <u>enter the name</u>	of the new register
Name of New Registered Agent:	REEF IDE	·····		<u>හ</u>
New Registered Office Address:	8517 FRENCH	OAK DR.		
		Enter Florida s	street address	
	ORLANDO		, Florida ³²⁸³	35
		Ciţv		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JEREMY IDE	13506 SUMMERPORT VLG PKWY	□Add
		SUITE 362	■Remove
		WINDERMERE, FL 34786	
MGRM	REEF IDE	8517 FRENCH OAK DR.	_
		ORLANDO, FL 32835	<u> </u>
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			⊡Add
			Remove
			Change

						
	······································	·	-			
	<u> </u>	 .				
			-	.		
			·			
		·· -·	· - · · · · · · · · · · · · · · · · · ·		 	
		· · · · ·		<u>. </u>		·
						
				- · <u></u> .		,, <u> </u>
					<u> </u>	
		<u> </u>				
			· -=			
	 .		 -			
fective date, if other than the neffective date is listed, the date in the late in the late in the late.	e date of filing:			((ptional)	
ite. If the tage discreted in this i	чоск цоез посте	et the applicant	date of filing or i c statutory fili	nore than 90 days 1g requirements	after filing.) Pursi , this date will r	ant to 605,0207 of be listed as
cument's effective date on the	Department of Sta	ite's records.	·	- •	•	
ecord specifies a delayed effecti is filed.	ve date, but not a	n effective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
JUNE 06 ted		2024				
	·:		•			
_//	_					
- ////						
-/1/2	Signature of a me	ember or authoriz	ed representative	e of a member		