L23000320596

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COVER LETTER

TO:	Registration Se Division of Cor				•
รบธภัย	T: REEDFLO	ORIDA HAMMERS GUIDE S	ERVICE LLC	.	
		Name of Lin	nted Liability Company		
The enel	osed Articles of	Amendment and fee(s) are sub	unitted for filing.		·
Please re	turn all correspo	ondence concerning this matter	to the following:		
		RANDALL TAUNTON			•
			Name of Person		, .
		<u></u>	Firm-Company		
		4450 NW 216TH LANE	Address		
		MICANOPY, FL 32667	TARRESS		
		771634.3721.17.17.17.17.17.17.17.17.17.17.17.17.17	City State and Zip Code		
		MELODY.RITCHIE@YAI	HOO.COM		
		-	to be used for future annual report noti	fication	
For furth	er information co	oncerning this matter, please co	all:		
MELOD	OY RITCHIE Name of	Charan	at (352) 514-3560 Area CodeDaytin	The state of the s	
	Same of	T CISON	Area Code Trayon	e reteptione Number	٠.
Enclosed	is a check for th	ne following amount:			
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	IJ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	· · · · · · · · · ·)

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REEL FLORIDA HAMMERS GUIDE SERVICE LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	s were filed on 07-06-20	2.3	and assigned
Florida document number L23000320596	, were med on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "I imited fails	ulity Company," the designati	ion "LFC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · - · · - · · · · · · · · · · · - · - · - · · - · · - · · · · · - · · · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name	of the new registered
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter El mila sine	et addrase	
		, Flor id a	
	·		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	eperformance of my di	ities, and I am far	niliar with a nd

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	· Name	Address	Type of Action
AMBR	KALLY TAUNTON	4450 NW 216TH LANE	= Add
		MICANOPY, FL 32667	LRemove
		<u>.</u>	 UChange
			
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-	
Effectiv	e date, if other than the date of filing: 07-18-2023 (optional)
lf un effec <u>Note:</u> - it	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) The date inserted in this brock roles not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
e record rd is tiled	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 discountries of the feetive date of the feetive time at 12:01 a.m. on the earlier of: (b) The 90th day after the discountries of the feetive date of the feetive date.
Dated	Sept. 26, 2023
	Des production of the second o
	- · · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member