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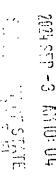
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: REEF BOU	IND SOL. LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Duane R Dallachiesa		
		Name of Person	
	Reef Bound Sol, L.Lc.		
		Finn/Company	
	1521 Amaryllis Circle		
	 	Address	PTV bit.
	Orlando		
		City/State and Zip Code	
	duanerd@gmail.com		
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notionall:	fication)
Duane Dallachiesa		at (571) 2334739	
Name of	Person		e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	. ω t
Registration S		Registration Sec	etton
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	porations (% 5 -
Tallahassee, F			porations 50 50 75 75 75 75 75 75 75 75 75 75 75 75 75

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REEF BOUND SOL, LLC (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 Company were filed on 05/02/2024 and assigned Florida document number 1.24000206008 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
AR	LEE, AVIAN S		
		5255 SAN PAULO ST	≡ Remove
		ORLANDO, FL 32807	□Change
AR	BURGESS, NEII.		🗆 Add
		1521 Amaryllis Cir	□Remove
		Orlando, FL 32825	= Change
			□Add
			Remove
			□Change
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior to ck does not meet the applicable	date of filing or more than 90 d e statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605, ents, this date will not be liste	.0. bed
ocument's effective date on the De	partment of State's records.			
			20.	
	date, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day after	the
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is filed.			(n ^m	
is filed. ated August 23		ed representative of a mountain	AHO: C	