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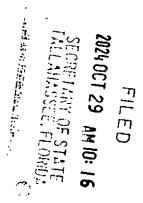
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COVER LETTER

Division of Corporations Reflin 29 Port Richev 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: Martin Lede Name of Person Reflin 29 LLC Firm/Company 900 North Federal Highway Suite 300 Address Hallandale Beach, Florida 33009 City/State and Zip Code martinl@oneglobalpm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Martin Lede Daytime Telephone Number Name of Person 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 P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reflin 29 Port Richey LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.24000393916	were filed on and assign	ed
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Reflin 29 LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C	
nter new principal offices address, if applicable:	900 North Federal Highway Suite 300	
Principal office address MUST BE A STREET ADDRESS)	Hallandale Beach, Florida 33009	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	SECRETARY OF STATE DO SECURITARY OF SEC	egis
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	
	City 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>	<u>Address</u>	Type of Action
MGR	Martin Lede	900 North Federal Highway Suite 300	= Add
		Hallandale Beach, FL 33009	□Remove
			□ Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□ Change
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Effective date, if other than the date of filing: 10/22/2024 [(optional)] (if an effective 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. Mote: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record 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 relief is filed. October 22 2024 Signature Jap Incoher or audion Red representative of a member. Martin Lede	-	
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