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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporation	S		
SUBJECT: Reasur	Y Rensul	at & Reloca Liability Company	tion LLC
The enclosed Articles of Amendm	ent and fee(s) are submit	tted for filing.	
Please return all correspondence of	oncerning this matter to	the following:	
	Eli	Saleh a. Wer	ree
	Rucou	ery Revelled &	Relocation L.L.
	8524	E Marcha Oa	kes Circle
	Gaem 1	Beach Garden City/State and Zip Code	· J. 334, c
	E-mail address: (to b	(A)	CCIN_
For further information concerning Classification Concerning Name of Person		at (<u>56)</u> <u>827 - 0</u> Area Code Daytime T	9077 elephone Number
Enclosed is a check for the follow)
	0.00 Filing Fee & ertificate of Status	□ \$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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(A Florida Limited	Liability Company)
	3/23/200 = 8 -11
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1}{\sqrt{2}} = \frac{200}{\sqrt{2}}$ and assigned
Florida document number <u> </u>	7
This amendment is submitted to amend the following:	
A. If amending name, enter the no v name of the limited liab	cility company here:
The new name must be distinguishable ard contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8524 E. Garden Oak Cuele
(Principal office address MUST BE A STREET ADDRESS)	Jam Juan Jurana 11. 32 11
Enter new mailing address, if applicable:	same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that the timited tidottily

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 = M AMBR = A	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			Change	
			□ Remove	
		 	Change	
				
			Remove	
			Add	
			Remoye	
			□ Change	
			☐ Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>
	- CST - T.
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ffective date, if other than the date of filing: 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.) Pure Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will occument's effective date on the Department of State's records.	SUMIL (C) (O) 1.0207 (D)
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t The 90th day after the record is filed.	he earlier of:
Dated CCC. 20: , 2017. Eligand a. Weiner, Mg., Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Ehizabeth A Weiner Typed or printed name of signee	

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Filing Fee: \$25.00