117000139473

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05/27/21--01018--001 **25.00

R. WHITE JUN 29 2021

COVER LETTER

CHRIDADOT.	REA LLC			•	
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Rhonny Alex			
			Name of Person		
			Firm/Company	·	
		3005 midland place			
			Address		
		Miramar, Florida 33025			
			City/State and Zip Code		
		rhonny.alex@gmail.com			
		E-mail address: (to be used for future annual report noti	fication)	
For further i	nformation co	oncerning this matter, please ca	all:		
			at ()		
	Name of	f Person	at () Area Code Daytim	e Telephone Number	
•					
Enclosed is	a check for th	ie following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &

Mailing Address:

Same Same

Registration Section
Division of Corporations

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

REA 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 $\frac{6/27/2017}{1}$ Florida document number L17000139473 This amendment is submitted to amend the following: - A. If amending name, enter the new name of the limited liability company here: 258 LLC . The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 _, Florida ___

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 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>	<u>Name</u>	Address	Type of Action
			□Add
•			□Remove
			Change
			□Add
		<u></u>	□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Петоvс
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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fan effe <u>Note:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	5/24/21
	KKM
	Signature of a member or authorized representative of a member

Page 3 of 3

	MENT	Secretary of Division of Cor		200	887201732
DOCUMENT 1. Limited Liability Cor REA LLC	# L17000139473			2003	867201732 01018002 **500.00 867201732 01018003 **155.00
2. Principal Office Ad		Mailing Office Address	<u></u>	-	CR2E041 (1/14)
3005 MIDLAND	PLACE	Suite Ant # atc		State/Country of Formation FLORIDA	
Suite, Apt #, etc.		Suite, Apt. #, etc		Date Organized or Qualified To Do Business in Florida 6/28/2017	
City & State MIRAMAR, FL		City & State MIRAMAR, FL		6. FEI Number Applied For 82-2009329 Not Applied by Not Applied For	
Zip 33025	Country	Zip MIRAMAR, FL	Country	7. CERTIFICATE OF STATUS	
		s of Current Registered Ag			
Name RHONNY ALEX	<u>.</u>				• •
	x Number is Not Acceptable) Sui	ite,		-R WHITE	, C
City MIRAMAR			State Zip Code 33025	_JUN 2 9 2021	:
t, being appointe Signature of Registered Agent	ad the registered agent of the ac	ove named limited liability col			Date
10. Names and Street	Addresses of Authorized Repre	esentatives/Managers			
Titles			Street Address of Eac Authorized Representa Manager		City / State / Zip
MGR	RHONNY ALEX	-	3005 MIDLAND P	LACE	MIRAMAR, FL 33025
			10000		
11. E- mail Address:	rhonny.alex@gmail.c				
	a this sale and an analysis of the contract of	/ manager or the receiver of	the hand aliminated the lim	ute this application as prov	rided for in Chapter 605, F.S. I further the satisfies the requirement of section is true and accurate, and my signature that of State constitutes a third degree
felony as provided fo	legal effect as if made under our in s. 817.155, F.S. red representative/member	oain. It am awere that to self	5/2	24/2021 - してメ	954-997-3216