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COVER LETTER

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SUR IFCT:	Rimon Equ	itics, LLC			
SUBJECT.		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Eliott Rimon			
			Name of Person		
		Rimon Equities, LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1835 E Hallandale Beach Boulevard, PO BOX 575				
			Address		
		Hallandale Beach, FL 330	09		
			City/State and Zip Code		
		erimon@fortsservices.com			
For further i	information c		to be used for future annual report nall:	otification)	
Eliott Rimo	n		305 9033692 at ()		
	Name o	f Person	Area Code Days	ime Telephone Number	
Enclosed is	a check for th	ne 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 Status & Certified Copy (additional copy is enclosed)	
Ma	ilino Addess	e.	Stance & dd		
			Street Address: Registration S	Section	
Di	vision of C	orporations	Division of C		
	Eliott Rimon Rimon Equities, LLC 1835 E Hallandale Beach, FL 3 erimon@fortsservices.co E-mail addres r further information concerning this matter, pleas iott Rimon Name of Person Closed is a check for the following amount: E \$25.00 Filing Fee \$30.00 Filing Fee		The Centre of		
Ta	iiahassee, F	L 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rimon Equities, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000235600</u>	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L,L,C,"	
Enter new principal offices address, if applicable:	<u> </u>	202	
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
		. ω Γ m	
Enter new mailing address, if applicable:	1835 E Hallandale Beach Bouliva	rd, PO BOX-575	
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale Beach, FL 33009	,	
		09	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the	name of the new registered	
	, Floric	da Zip Code	
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	performance of my duties, and i		

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 $AMBR = A$	anager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the	date of filing:(o	otional)	
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ocument's effective date on the De	partment of State's records.		
record specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th o	lay after th
l is filed.	,	` '	•
November 13	2020		
aicu	7		
	signature of a member or authorized representative of a member	 	
Eliott Rimon	Typed or printed name of signce		<u>.</u>

Filing Fee: \$25.00