L02000007962

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SECRETARY OF STATE
DIVISION OF CORPORATION

10 JUN 28 PM 1: 1.3

T. HAMPTON
JUN 2 9 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	the second to the second secon
SUB.	JECT: Rekat Rentals LLC	
		Limited Liability Company)
The e		er or manager resignation and fee(s) are submitted fo
Pleas	e return all correspondence concern	ing this matter to:
Chr	istine L. Williams	
	(Contact Person)	
She	ll Bazaar	
	(Firm/Company)	
101	00 S. Federal Hwy	
	(Address)	
Port	t St. Lucie, FL 34952	
	(City/State and Zip Code)	
For fi	urther information concerning this n	natter, please call:
Chr	istopher A. Staker	at (772) 370-6956
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payal \$25 Filing Fee	ole to the Florida Department of State for: \$55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	stration Section	Registration Section Division of Corporations
	on Building	P.O. Box 6327
2661	Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rekat Rer			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0200007962	were filed on	04/01/02	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ited Liability Company,	" the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	704 E. Fort King	g St.	a_
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 3447	71	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the	N OF CORPORATIONS name of the new
Name of New Registered Agent: New Registered Office Address:	Entar	Florida street addre.	
	Enter		53
	City	, Florida	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Christine L. Williams	10100 S. Federal Hwy Port St. Lucie, FL 34952	Add Remove
			Add Remove
	- 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	A	inge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF CORPORATIONS
Daieu	Signature of a mem	ber or authorized representative of a member	
		Christine L. Williams ed or printed name of signee	

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Filing Fee: \$25.00