# NO40000 20860

(Re	equestor's Name)	
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(Cid	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO:	Registration Se Division of Cor				
cito ir	REM-G, LI	LC			
SUBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		C. William Curtis III, Esq.			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Law Offices of Curtis & Associates, P.A.				
			Firm/Company	<del> </del>	
		701 Market Street, Unit 10	09		
		<del></del>	Address		
		St. Augustine, Florida 320	095		
		deborahbowles@curtisfirm	City/State and Zip Code	<del></del>	
	nation)				
For furtl	ner information co	oncerning this matter, please ca	to be used for future annual report notifi all:	Cattony	
C. Will	iam Curtis III		904 819-6959 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d 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)	

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



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2020

C. WILLIAMS CURTIS, III, ESQ. 701 MARKET STREET UNIT 109 ST. AUGUSTINE, FL 32095

SUBJECT: REM-G, LLC Ref. Number: L04000020860

We have received your document for REM-G, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The signature of the member signing the document does not match the name listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 920A00018898

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



REM-G. LLC

(None Ch. II)	2. 11. 1.92 C		<del></del>
(Name of the Lim	(A Florida Limited L	ny as it now appears on our record liability Company)	<u>v)</u>
The Articles of Organization for this Limited I Florida document number 1.04000020860	Liability Company	were filed on <u>03/17/2004</u>	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company." the designation "LLC	for the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		_
Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and			, enter the name of the
egistered agent and/or the new registered of	office address here	:	
Name of New Registered Agent:	Law Offices of	Curtis & Associates, P.A.	
New Registered Office Address:	701 Market Stre	et, Unit 109	
	<u></u>	Enter Florida street address	
	St. Augustine	. Flo	orida _ <sup>32095</sup>
		City	Zin 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 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

	Authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
		-	
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove

with the O	perating Agreement of	of the limited liabil	lity company.	<del>-</del>		
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tive date, if	other than the da	te of filing:			(optional)	
in the date	listed, the date must be inserted in this block	does not meet the	applicable statute	ling or more than 90 ory filing requirem	days after filing.) Pursi sents, this date will re	uant to 605.0.
ment's effecti	ive date on the Depar	tment of State's re	cords.	26 4	The state of the s	or or nated
ecora speci e 90th day	ifies a delayed ef after the record	fective date, bi is filed.	ut not an effe	ctive time, at :	12:01 a.m. on th	ne earlier
October 14		2020	<u>.                                    </u>			
	Y / 1	( ) V	1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00