

*		
(Re	questor's Name)	
(Ad	dress)	
	dress)	
<i>(</i> ,	u.coo,	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nan	ne)
(==	.	·- ,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Ciling Officer	
Special instructions to	Filling Officer.	
	,"	

Office Use Only

'JAN 17 2013 G. McLEOD



200243452982

01/14/13--01015--011 **25.00

COVER LETTER

TO:	Registration Sect Division of Corp		·	•
		ATHINGS, LLC		
SUBJI	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		JUAN CHAPARRO		
			Name of Person	
		REBELS DEFY, LLC		
			Firm/Company	
		382 NE 191st Street	#63818	
			Address	
		Miami, FL 33179		
		juan@rebelsdefy.com	City/State and Zip Code	
	•	E-mail address: (t	o be used for future annual report notificati	on)
For fur	ther information cor	ncerning this matter, please ca	all:	
JUAI	N CHAPARRO		323 230-0419	
Name of Person		Person	at ()Area Code & Daytime Te	lephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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:

.1

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 TO ARTICLES OF ORGANIZATION OF

DEMOCRATHINGS, LLC						
(Name of the Limited	d Liability Compa A Florida Limited L	ny as it now appears on our records. Liability Company))			
The Articles of Organization for this Limited L L1100041006 Florida document number	Liability Company	were filed on		and a	ssigned	
This amendment is submitted to amend the fol-	lowing:			-	٠	
A. If amending name, enter the new name of REBELS DEFY, LLC	of the limited liab	vility company here:				
The new name must be distinguishable and end w. "L.L.C."	ith the words "Limi			or the	abbreviation	
Enter new principal offices address, if appli	cable:	382 NE 191st Street #63818				
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami, FL 33179	2			
Enter new mailing address, if applicable:		382 NE 191st Street #6381	ASSEM	W +1 HVC	The second secon	
(Mailing address MAY BE A POST OFFICE	S BOX)		FLORID	HII: 59	Acres a	
B. If amending the registered agent and registered agent and/or the new registered of	•		er the	name	of the ne	
Name of New Registered Agent:						
New Registered Office Address:	382 NE 19	1st Street #63818				
<u> </u>	Enter Florida street address		,			
	MIAMI	, Florida	~			
Annual Articles		City	2	Zip Co	de	

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 amending any other informa	tion, enter change(s) here: (Attach additional	al sheets, if necessary.)
•		
	·	
JANUARY 11	2013	
Styr	·	
JUAN CHAPARRO	nature of a member or authorized representative o	f a member
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00