#/ 13000088556

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K.SALY EXAMINER JUL - 5 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT

RECKA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Chamberlain

Name of Person

RECKA LLC

Firm/Company

3655 N Tyrone AVE

Address

Hernando, FL 34442

City/State and Zip Code

cahboom@rocketmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Chamberlain

352₃₂₂₋₅₅₇₁

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 _Л н	FILED
SECRETAL IN	-3 PH 2:44
rds.)	RY OF STATE SEE, FLORIDA

Zip Code

. RECKA LLC	ALLA	HASSEE, FLORIDA.
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L13000088556</u>	filed on 06/19/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and end with the words "Limited Lia"L.L.C."	ability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the	e name of the new
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street addre	

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.

City

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>	Name	Address	Type of Action
MGRM	Richard Lunsford	3655 N Tyrone Ave	Add
		Hernando, FL 34442	Remove
MGRM	Victoria Goss	5350 RT 33	
		Athens, OH 45071	Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add Remove
			Add Remove
			Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
•						
						
						
Dated 07/01/	, 2013					
	Lebucea Chamberlai					
	Signature of a member or authorized representative of a member					
Rebed	cca Chamberlain					
	Typed or printed name of signee	_				

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Filing Fee: \$25.00