

L13000160750

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17 JAN 13 PM 2:23

JAN 17 2017
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REESKY, 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:

LAUREN SCHNEIDER

Name of Person

Firm/Company

11573 S BREEZE PLACE

Address

WELLINGTON, FL 33449-8379

City/State and Zip Code

LAURENSCHNEIDER@ME.COM

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

For further information concerning this matter, please call:

LAUREN SCHNEIDER

at (917) 804-6479

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

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TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REESKY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-15-13 and assigned
Florida document number L13000160750

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11573 S BREEZE PL

WELLINGTON, FL 33449-8379

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11573 S BREEZE PL

WELLINGTON, FL 33449-8379

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LAUREN SCHNEIDER

New Registered Office Address:

11573 S BREEZE PL

Enter Florida street address

WELLINGTON

City

Florida 33449-8379

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTHONY W. RIZZO	101 DAVIT DRIVE	<input type="checkbox"/> Add
		N PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA RIZZO	101 DAVIT DRIVE	<input checked="" type="checkbox"/> Add
		N PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMY S. SCHNEIDER	11573 S BREEZE PLACE	<input type="checkbox"/> Add
		WELLINGTON, FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAUREN SCHNEIDER	11573 S BREEZE PLACE	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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17 JAN 13 PM 2:50

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JANUARY 12TH, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee