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(ке	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	isiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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03/22/21--01018--010 **25.00





COVER LETTER

	gistration Sec vision of Corp		3	·	
CUBIECE	Reborn Upcy	voling LLC	•		
SUBJECT:		Name of Li	mited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed	l Articles of A	mendment and fee(s) are su	abmitted for filing		
			_		
Please return	all correspond	dence concerning this matte	er to the following:		
		Robert Casler			
			Name of Person		
		Reborn Upcycling LLC			
			Firm/Company		
			rinn/Company		
		9383 Osprey Rd			
			Address	111111111111111111111111111111111111111	
		Englewood, Florida 3422	24		
			City/State and Zip Code		
		rebornupcycling@gmail,co			
			(to be used for future annual	l report notification	n)
For further in	formation con	cerning this matter, please of	call:		
Robert Casler	г		407 92 at ()	4-6088	
	Name of P	erson	Area Code	Daytime Telep	hone Number
Enclosed is a	check for the	following amount:			
≡ \$ 25.0 0 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany were filed on 4-1-2014 and assigned		
pany were filed on 4-1-2014 and assigned		
l liability company here:		
Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
8393 Osprey Rd		
Englewood, FL 34224		
8393 Osprey Rd		
Englewood, FL 34224		
fice address on our records, enter the name of the new registered		
ey RD		
Enter Florida street address		
City Florida 342242 City Stip Code*		
ent:		

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 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>	Address	Type of Action
MGR	Evett Vidott	8393 Osprey Rd. Englewood, FL 34224	il a 🗗
		-	
			□Remove
			□Change
			□Add
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			□ Add
			□ Remove
			□Change

	
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	an the date of filing: ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed a the Department of State's records.
record specifies a delayed ef is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted March 17	$\frac{2021}{\sqrt{1}}$
nted March 17	but a. Tusler
nted March 17	Signature of a member or authorized representative of a member