

L14000119273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

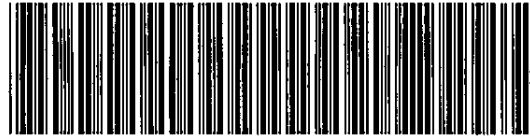
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CLERK OF SUPERIOR COURT
CALIFORNIA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **REBOLAXE 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:

ALEJANDRA MARQUEZ

Name of Person

MONSERRATT INC

Firm/Company

479 NE 30 ST #908

Address

MIAMI FL 33137

City/State and Zip Code

AMARQUEZ@MONSERRATT.COM

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

For further information concerning this matter, please call:

ALEJANDRA MARQUEZ

Name of Person

at **(786) 5214093**

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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2014 OCT -2 AM 9:33
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REBOLAXE 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 JULY 29, 2014 and assigned Florida document number L14000119273.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1835 NW 112 Avenue Suite 180

MIAMI FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1835 NW 112 Avenue Suite 180

MIAMI FL 33172

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

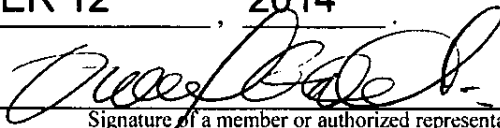
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS E BAIZ	479 NE 30 ST #908	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
MGR	SABRINA CASTILLO	479 NE 30 ST #908	<input checked="" type="checkbox"/> Add
		MIAMI FL 33137	<input type="checkbox"/> Remove
MGR	LUIS A. MORENO	479 NE 30 ST #908	<input checked="" type="checkbox"/> Add
		MIAMI FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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FALLMAGE E.F. 33137

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: SEPTEMBER 12, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 12, 2014



Signature of a member or authorized representative of a member

OMAR DAVID GONZALEZ CHACON (MEMBER)

Typed or printed name of signee

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FLORIDA