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((H14000288437 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REBELBLADE ENTERPRISES, LLC

Certificate of Status	1
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PAGE 01/05

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12/16/2014 10:38:02 AM PAGE 1/001 FAX SERVICE



December 16, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REBELBLADE ENTERPRISES, LLC  
13870 SW 52TH ST  
APT 110  
MIAMI, FL 33183US

SUBJECT: REBELBLADE ENTERPRISES, LLC  
REF: L14000141196

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The amendment submitted is for a corporation. Please use a limited liability amendment form and resubmit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H14000288437  
Letter Number: 314A00026527

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P.O. BOX 6327 - Tallahassee, Florida 32314

850-817-8381

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December 23, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REBELBLADE ENTERPRISES, LLC  
13870 SW 62TH ST  
APT 110  
MIAMI, FL 33183US

SUBJECT: REBELBLADE ENTERPRISES, LLC  
REF: L14000141186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: E14000288437  
Letter Number: 414A00027077

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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TALLAHASSEE, FLORIDA

REBELBLADE ENTERPRISE, 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 09/10/2014 and assigned  
Florida document number L14000141186

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.L.C."

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 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*

*City*

*Florida*

*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>
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MGRM	Garcia Herrera, Marco Antonio	1387 SW 62 APT 110	<input type="checkbox"/> Add
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		Miami, 33183	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 12/16/2014



Signature of a member or authorized representative of a member

Fernando Silva

Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

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