# L14000194320

(Re	questor's Name)	···
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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FILED 2016 AUG 29 P 2: 21 ALLAHASSEF FIRESES.

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August 19, 2016

DAVID STIDHAM 3670 PEACE PIPE WAY CLERMONT, FL 34711

SUBJECT: RETHINK WORLDWIDE, LLC

Ref. Number: L14000194320

We have received your document for RETHINK WORLDWIDE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00017590

## **COVER LETTER**

TO: Registration Sec Division of Corp	ection Porations		
SUBJECT:	Rethink Worldwide LLC (Name of Limited Liability Company)	-	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ondence concerning this matter to the following:		
	Davio Stidham  (Name of Person)  Rethink WordWill LLC  (Firm/Company)  3670 Peace Pipe Way  (Address)  Clermont FL 34711	2018 AUG SEGRETA JALLAHAS	
DAVID	(City/State and Zip Code)  oncerning this matter, please call:  Status  at (407) 792 - 1400  (Area Code & Daytime Telephone Num	29 P 2: 2 SEE FLORIE	
Enclosed is a check for the \$25.00 Filing Fee	ne following amount:  \$\sum_\$30.00 \text{ Filing Fee & } \sum_\$55.00 \text{ Filing Fee & } \sum_\$60.00 \text	Filing Fee,	·
,	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	cate of Status & ed Copy onal copy is encl	osed)

#### 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**

Rethink h	Porlawide LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 12-22-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3670 Peace Pipe Way  Clermont, FL 34711
(Principal office address MUST BE A STREET ADDRESS)	Clermont, FL 34711
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3670 Peace Pipe Way Clermont FL 34711
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	Pavio Stidham
New Registered Office Address: 3670 Per	(Enter Florida street address)
Clern	Ont, Florida 3/3/11 (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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** \_\_\_\_ Add ☐ Remove ∫ Add Remove Add 🏲 Remove Add Remove Add A \_ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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