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JUN 2 6 2019 S. YOUNG

COVER LETTER

Rigekare I	lc		
UBJECT:	· · · · · · · · · · · · · · · · · · ·	nited Liability Company	
se enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
ase return an correspo	ondence concerning this matter	to the following:	
	Billy Leveille		
		Name of Person	
		Firm/Company	
	991 Counts Crest cir		
		Address	
	Apopka/Fl/32712		
		City/State and Zip Code	
	bleveille66@gmail.com	City/Mate and 23th Code	
	E-mail address: (to be used for future annual report notif	ication)
r further information o	concerning this matter, please co	all:	
illy Leveille		407 3109970	
Name o	f Person	at ()	: Telephone Number
closed is a check for the	he 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 of Certified Copy (additional copy is enclose

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**

Rigekare LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appear ited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comparida document number <u>L15000024664</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company he	re:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	esignation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	····		
Principal office address MUST BE A STREET ADDRESS	2		= 7 75
			法 量 卫
Enter new mailing address, if applicable:			in F
Mailing address MAY BE A POST OFFICE BOX)			· 글 □
			<u> </u>
			등학 교
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address had a second agent.	l office address on here:	our records, enter	the name of the no
Name of New Registered Agent:			
New Registered Office Address:			•
	Enter Florid	da street address	
	-	, Florida	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		

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>	Address	Type of Action
Billy	Princesse Leveille	991 Counts Crest cir	
		Apopka Fi	□ Add
			☐ Remove
		32712	■ Change
AMBR	Billy Leveille	991 Counts Crest cir	- Change
			□ Add
		Apopka Fl	□ Remove
		32712	
			☐ Change
			Add
			☐ Remove
			Change
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effective date is lite: If the date in	ther than the date of fi ted, the date must be specific erted in this block does not date on the Department	and cannot be prior of meet the applic	able statutory filing	(option ore than 90 days after fil requirements, this d	ing) Pursiant to 605 02
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