

L15000055917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

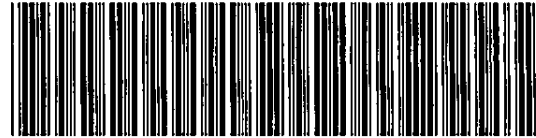
(Business Entity Name)

(Document Number)

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T WASHINGTON

DEC 20 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELASTER 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:

Susan Chemen

Name of Person

Susie Chemen Consulting LLC

Firm/Company

20225 Ne 34th. Ct. # 2316

Address

Aventura FL 33180

City/State and Zip Code

suchemen@hotmail.com

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

For further information concerning this matter, please call:

Susan Chemen

305

469-6873

at (_____) _____

Name of Person

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

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

RELASTER 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 03-30-2015 and assigned
Florida document number L15000055917

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 contain 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)

2001 Biscayne Blvd. suite 113

Miami FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2001 Biscayne Blvd. suite 113

Miami FL 33137

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TALLAHASSEE, FLORIDA

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ricardo Sanchez	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elizabeth, Martin Luca	2001 Biscayne Blvd Suite 113	<input type="checkbox"/> Add
		Miami FL. 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RELASTER GROUP LLC	2001 Biscayne Blvd Suite 113	<input type="checkbox"/> Add
		Miami FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ana Maria G. Schmidt	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sol A. Sanchez	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ricardo Sanchez	2001 Biscayne Blvd Suite 113	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 16 DEC 19 PM 3:55
 MIAMI FL 33137
 STATE OF FLORIDA
 COUNTY OF MIAMI

16 DEC 19 PM 3:56
DEPT. OF STATE
PALM SPRING, FLORIDA

16 DEC 19 PM 3:56
U.S. DEPT. OF STATE
WASHINGTON, D.C.

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 12 December 2016

Signature of a member or authorized representative of a member

Ricardo Sanchez

Typed or printed name of signee