L15000092817

(Re	equestor's Name)			
(Àc	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100352854271

10/05/20--01007--026 **25.00

1 100 -5 77 7:32

O SIMMONS NOV 13 2020

COVER LETTER

Division of Cor		•	•
SURJECT:	Rem 6 Dev.	elopment, LCC ited Liability Company	r
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eldo	Name of Person	
		Name of Person	
		Firm/Company	
	7050 W	Palmetto Park	Rd, Ste 15-477
	Boca Ray	in, FC 3343	
	eddie. is	City/State and Zip Code Cael @gmail.co to be used for future annual report notifie	eation)
For further information c	oncerning this matter, please ca		
Eddie	e Israel	at (<u>954)</u> 415 Area Code Daytime	プ <u>ス 多 ゲ</u> Telephone Number
Enclosed is a check for th	ne 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		Street Address:	ion
Registration S Division of C		Registration Sect Division of Corp	
· · · · · · · · · · · · · · · · · ·		511101011 01 001 p	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rem 6 Development, LCC 1110. -7 1117:32

(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number		ere filed on		_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company here:		
The new name must be distinguishable and contain the wor	•	. ,		
Enter new principal offices address, if applical	ole:	7050 W.	ralmetto	Park Rd
(Principal office address MUST BE A STREET	ADDRESS)	Ste 15- Boca F	aton, FC	33433
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :			_
Name of New Registered Agent:	E101.	ad Isra	<u>د ا</u>	
New Registered Office Address:	7050	W. Palme Enter Florida stree	Ho Park	Rd Ste 15-47
	Boca Ra	ton	, Florida	Rd Ste 15-47 3433 Zip Code
New Registered Agent's Signature, if changing Re	gistered 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.

Af 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

Title	<u>Name</u>	Address	Type of Action
MGR	Rita in wilson	712 Shore DR	2
		Boynton Beach, FL	
		33483	□Change
MGR	Kathryn Ross	3035 Weber Rd	
		malaban FL 32950	Remove
			Change
MGR	Eldad Israel	7050 W. Palmetlo Park	Rel MAdd
		Ste 15-477	□Remove
		Boca Raton, Fl 33433	
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ______7:32 E. Effective date, if other than the date of filing: ______ (optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ______ . ____ Signature of a member or authorized representative of a member Typed or printed name of signee