## 116000081671

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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D. BRUCE APR 10 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp			
Rezmoto LL SUBJECT:	.c		
	Name of Limited Liability Company	-	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
	Erik Thommen		
	Name of Person	_	
	Rezmoto LLC		-
	Firm/Company		
	13361 NW 47th Ave STE5		
	Address .	<del></del>	
	Opa Locka, FL 33054		
	City/State and Zip Code	_	
	Contact@rezmoto.com  E-mail address: (to be used for future annual report notification)	•	
For further information con	encerning this matter, please call:	2017 SEC	·
Erik Themmen	786 359-2906	<b>£</b> ₹ <b>₹</b>	П
Name of I	Person Area Code Daytime Telephone Numb	-₽ SEE	
Enclosed is a check for the	e following amount:	FLORE W	O
\$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	Etting Feor	

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

Rezmoto, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on <u>4/26/2016</u>	and assigned
Florida document number L16000081671		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation 5	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7A 200
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		ARETA FINANCIAL PROPERTY OF THE PROPERTY OF TH
Inter new mailing address, if applicable:		% ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Mailing address MAY BE A POST OFFICE BOX)		To To
		STAIR STAIR
		<b>&gt;</b> —
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
·		, 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>	Address	Type of Action
AMBR	Arne Themmen	1637 Micanopy Ave	■ Add
		Miami, FL 33133	□ Remove
			Change
		:	
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Effective date, if other than the	ne date of filing:			_ (optional)		
f an effective date is listed, the date many state in this locument's effective date on the	oust be specific and can block does not meet	ot be prior to date of the applicable stati	filing or more than 90 d story filing requireme	ays after filing.	Pursuant to C will not be l	505.020 isted a
e record specifies a delay The 90th day after the re		, but not an eff	ective time, at 1	2:01 a.m.	on the ea	rlier
Dated March 17						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00