L16 000154318

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(,,
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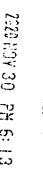
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11/30/20--01023--026 *+60.00

S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: <u>ReB</u>	uilt Meals &	160 :	
	Name of Lim	ited Liability Company	
The enclosed Articles of Art	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	_ 1		
	Brandon	Assaf	
		Name of Person	
		Firm/Company	
	301 5 22	nd St.	
		Address	
	James Fl	23C05	
	- 1111/94) . C 3	P3605 City/State and Zip Code	<u></u>
	brandon @ rebui	14 meals · Com to be used for future annual report notif	
-	E-mail address: (I	to be used for future annual report notif	ication)
For further information conc	erning this matter, please ca	all:	
Brandon Asso	a F	at (50 &) 287	-6655
Name of Pe	rson	Area Code Daytime	: Telephone Number
Enclosed is a check for the f	ollowing 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ReBuilt Meals LCC		
(Name of the Limited Liability Compa (A Florida Limited I		2 2
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 8/17/2016	and assigned
This amendment is submitted to amend the following:		်
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	301 S 22nd St Tampa, FL 33605	
(Principal office address MUST BE A STREET ADDRESS)	Tampy, FL 33605	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	301 5 22nd St. Tampa, FC 33605	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
The residence of the Fideless.	Enter Florida street address	
	, Florid	a
	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 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
MGR	Brandon Assal	4310 W Sprue St.	□Add
		A 71. 444	□Remove
		(Change	
AMBR Chandler Myler	4017 Stratfield Dr.	□ Add	
	New Port Richey FZ 346	52 Remove	
		□Change	
			□ Add
			□Remove
			□Change
		 	□Add
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			□Change
			□Add
			□Remove
			Change

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Note:	ive date, if other than the date of filing:
ord is f	rd 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 led.
Dated	11/24/2020
Dated	11/24/2020 182 A
Dated	11/24/2020 Signature of a member or authorized representative of a member Brandon Assa F

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