Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REKAL ONE, LLC

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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REKAL ONE, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	ras it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company w Florida document number L16000220470	ere filed on 12/06/2016	and assigned		
This amendment is submitted to amend the following:		<b>2021</b> SE TAL		
A. If amending name, enter the new name of the limited liabili	ity company here:	1000 70 100 100 100 100 100 100 100 100		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
Enter new mailing address, if applicable:				
(Muiling address MAY BE A POST OFFICE BOX)				
		No. 100 100 100 100 100 100 100 100 100 10		
B. If amending the registered agent and/or registered office adapta and/or the new registered office address here:	ldress on our records, <u>enter th</u>	e name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida, Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	City	гу Снас		
	and the state of t	an amus to somehowith the		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is		

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>	Name	Address	Type of Action
MGR	REKAL, LLC	801 US HIGHWAY I	□Add
		NORTH PALM BEACH, FL 33408	□Remove
			■ Change
			□Add
			□Remove
			☐ Change
			□Add
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record specifies a delayed effective I is filed.	date, but not an effecti	ve time, at 12:0	I a.m. on the ea	irlier of: (b)	The 90	ክክ day afte	r th
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