L17000114305

(Requ	estor's Name)	
(Addre	955)	<u>-</u>
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer;	
i.		

Office Use Only



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COVER LETTER

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	Registration Se Division of Cor						
cupico		inancing LLC					
Name of Limited Liability Company .							
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		Warren Lockie					
			Name of Person				
		Rectitude Financing LLC					
			Firm/Company				
		7149 Columns Circle #201					
		-	Address				
		Trinity/Florida 34655					
For further informatio			City/State and Zip Code				
		lockie.warren@gmail.com					
For furthe	er information c	n-mail address: (oncerning this matter, please ca	to be used for future annual report no all:	uncation)			
Warren L	ockie		754 252-1821 at ()				
	Name of	f Person	Area Code Daytii	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	O 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

Rectitude Financing LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liability Company	were filed on 05/23/2017	and assigned	
Florida document number L1700014305			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Rectitude Services LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7149 Columns Circle #201		
(Principal office address MUST BE A STREET ADDRESS)	Trinity, FL 34655		
		71.	
		200 PM	
Enter new mailing address, if applicable:	149 Columns Circle #201	SS -	
(Mailing address MAY BE A POST OFFICE BOX)	Trinity, FL 34655		
Indiang dualess may be a rost of rece boar		- I	
			
B. If amending the registered agent and/or registered o	ffice address on our records,		
registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
Tow regimes of the read of	Enter Florida street address		
	rida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I furt		

If Changing Registered Agent, Signature of New Registered Agent

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, Lhereby 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>Address</u> **Type of Action** Title Name □ Add ☐ Remove _____ □ Change _□ Add _____ Remove _____ □ Change _□ Add _□ Remove _____ _ _ _ _ _ _ _ _ _ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove

_ Change

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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applica	to date of filing or more than 90 days after filing.) Pursuant to 605.	0207 d as i
cument's effective date on the Department of State's records.	ible statutory ming requirements, this cate will not be liste	Q 25 1
record specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlie	r of:
he 90th day after the record is filed.		
ded / icensus / 57 , 2017	2 .	
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Typed or printed name of signee

Filing Fee: \$25.00