

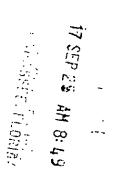
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
ν,,
PICK-UP WAIT MAIL
70 ·
(Business Entity Name)
(Document Number)
(cooding it is a second of the
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



900303408569

09/25/17--01026--004 **25.00



SEP 2 6 2017 Y SULKER

COVER LETTER

	istration Sec ision of Corp			
SHD IVCT.				
SUBJECT:		Name of Limi	ited Liability Company	
Division of Corporations REAJEAN LLC Name of Limited Liability Company				
Please return	all correspor	ndence concerning this matter	to the following:	
		HEATHER MASON		
			Name of Person	
			Firm/Company	
		5153 DOGWOOD DRIVE		
			Address	
5153 MIL lilbisk For further information concerning	MILTON FL 32570			
		lilbiskit67@aol.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
BRIAN TU	CKER			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
≘ \$25.00 F	iling Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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

ReaJean LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000190619	ility Company were filed on 09/11/2017	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>		
RacJean LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET 2	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO		· •••
		17 SEP
B. If amending the registered agent and/or registered agent and/or the new registered offic		nter the name of the n
Name of New Registered Agent:		1.08% 1.08%
· · · · · · · · · · · · · · · · · · ·		ع 😲
New Registered Office Address:	Enter Florida street address	
	, Florid	•
-	, Florid	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Remove
			Change
	 		🗆 Add
			☐ Remove
			Change
<u></u>			
			□ Remove
			Change
			Change
			Remove
		The State of the S	Change
			
			□ Remove
			Change
			☐ Remove
			Change

•		_
		_
		_
		_
	· -	_
		_
		_
	<u>:</u>	
	· · · · · · · · · · · · · · · · · · ·	7 CEID
	7. P	
	Coald	.
	•	
		_
ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or mo ote: If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 6	
ocument's effective date on the Department of State's records.		
and an airing a deletion of afficient debt. Note that the section to	12.01 a the ear	سمنا
e record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on the ear	ner
S-05-00 00 12 2- 2		
Signature of a member or authorized representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00