

118000009609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

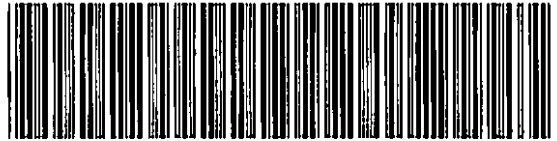
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

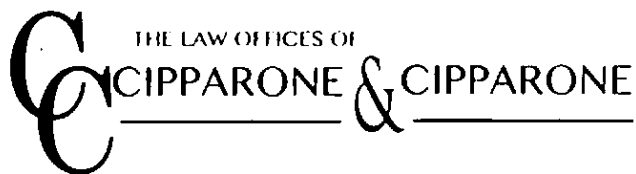
Office Use Only



900310041139

03/09/18--01015--002 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -9 PM 7:54



March 6, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Rescon Acquisitions, LLC

To Whom It May Concern:

My firm represents Rescon Acquisitions, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and my firm's check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is requesting that you remove Gokul Padmanabhan as Authorized Member, and add Bernice Cooks as Manager.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

/s/ *Ryan Cipparone*

Ryan Cipparone

RC/jmb
Enclosures
cc: Client (via Email)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **RESCON ACQUISITIONS, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Cipparone, Esquire

Name of Person

Cipparone & Cipparone, P.A.

Firm/Company

1525 International Parkway, Suite 1071

Address

Lake Mary, FL 32746

City/State and Zip Code

RCipparone@Cipparonepa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Cipparone, Esquire

321

275-5914

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

- 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gokul Padmanabhan	1821 Verde Way	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bernice Cooks	1821 Verde Way	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add the EIN Number: 82-4051381

18 MAR -9 PM 7:56

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

3/5/2018

Dated

- DocuSigned by:

Gokul Padmanathan

~~BF095450846377~~

Signature of a member or authorized representative of a member

Gokul Padmanabhan

Typed or printed name of signee