Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, PAGE Account Number : 120040000083

Phone : (954)474-8000
Fax Number : (954)474-9850

From:

RemosBldg@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REMOUEST, LLC

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Corporate Filing Menu

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COVER LETTER

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| TO: Registration S Division of Co | | | |
|---|--|--|---|
| | | | |
| SUBJECT: | Name of Limi | ted I inbitity Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all corresp | ondence concerning this matter t | to the following: | |
| | Alejandro Remos | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | |
| | Reinquest, LLC | | |
| | | FundCompany | |
| | Name of Limited Limitity Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Alejandro Remos Name of Person Remquest, LLC Finn/Company 18501 Pines Blvd., Suite 107 Address Pembroke Pines, FL 33029 City/State and Zip Code RemosBidg@aol.com E-mail address. (to be used for future annual report notification) ion concerning this matter, please call: and OPerson 1954 Aren Code Daytone Telephone Number for the following annuan: ce S 30.00 Filing Fee & Certificate of Status & Certificat Copy (additional copy is enclused) ddfress: Street Address: | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Pembroke Pines, FL 3302 | 9 | |
| | Tana and No. Const. com | City/State and Zip Coxle | |
| | | to be used to: future annual report notif | ication) |
| For further information | concerning this matter, please of | ali: | |
| Alejandro Remos | | | |
| Name | of Person | Area Code Daytime | : Telephone Number |
| Suctosed is a check for | the following amount: | | |
| ☐ \$25.00 Filing Fee | € \$30.00 Filing Fee & | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Add Registration Division of P.O. Box 6 Tallahassee | n Section Corporations 327 | Registration Sec Division of Cor The Centre of T | porations 'allahassee e Street, Suite 810 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H200001035463)

| REMQUEST | î, LLC | _ | |
|---|---------------------------------------|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appea ability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company v Florida document number | were filed on | 02/12/18 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company h | ere: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | PILE 2020 APR -7 AI SECRETARY ALLANDS |
| B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> : | ddress on our | records, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Fl | orıda street address | |
| | , Florida | | |
| | City | | Zıp Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance o provided for in | of my duties, and La Chapter 605, F.S. (| on jamiliar with and Or, if this document is |

company has been notified in writing of this change.

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If Changing Registered Agent, Signature of New Registered Agent

(H20000103546 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-----------------|--|----------------|
| MGR | Remchilla, LLC | 18501 Pines Blvd., Suite 107 | □Add |
| | | Pembroke Pines, FL 33029 | |
| | | | ☐ Change |
| MGR | Alejandro Remos | 13501 Pines Blvd., Suite 107 | |
| ** | | Sambarta Binas El 33020 | ERemove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | -11, -12, -12, -13, -14, -14, -14, -14, -14, -14, -14, -14 | □Remove |
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| | g any other information, enter cha | | | |
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| Note: If il | rate, if other than the date of filing and is listed, the date must be specific and a date inserted in this block does not make effective date on the Department of St | get the appareable statu | (a iling or more than 90 days tory filing requirements, | ptional) after filing.) Pursuant to 605.02 this date will not be listed |
| ard is filed. | ecifics a delayed effective date, but not a | 7 | (t) I a.m. on the earlier o | f: (b) The 90th day after th |
| Dated Ap | 116 | 2020 | | |
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Filing Fee: \$25.00

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