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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Sect Division of Corpo	
	PELLULY DELAND LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	CHRSTOPHER GEHRET Name of Person
	Name of Person
	REWIND DELAND LLC Firm/Company
	Firm/Company
	915 DOYLERD # 303-111
	Address
	DELTONA, FL 32725 City/State and Zip Code
	CHRISG JAM SKATE @ YAHOO, COM E-mail address: (to be used for future annual report notification)
For further information cor	icerning this matter, please call:
CHRISTAPHE	ER GEHRET 305 775-1111
Name of F	Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

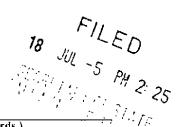
MAILING ADDRESS:

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



REWIND DELAND LLC

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.

City

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 Title Name Address Type of Action AMBR STRECKER, JEREMY P 1421 GOLFVIEW DR DAD DAYTONN BRACH, FL 32114 Remove ☐ Change AMBR DePALO, JORDAN 1825 ENTERPRISEAVE DANG ST AUGUSTINE F(32092 Remove __ 🛘 Change Change PH 2: 25 _□ Change □ Add _□ Remove □ Change ☐ Remove

_____ Change

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reffective <u>te:</u> If the	date is listed, the date inserted in	an the date of f date must be specific this block does r n the Department	c and cannot be prio not meet the appli-	cable statutory fil	more than 90 days after	ional) er filing.) Pursuant to 605.020 iis date will not be listed a
record he 90th	specifies a do day after th	elayed effectivne record is file	ve date, but no ed.	ot an effective	e time, at 12:01	a.m. on the earlier o
ed	7/2		. 201	8.		
	(¹ L)	<u>5 XX</u>	M	orized representati		

Page 3 of 3

Filing Fee: \$25.00