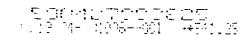
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

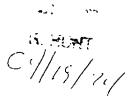
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## **COVER LETTER**

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LC		
Name of Lim	ited Liability Company	
amendment and fee(s) are sub	omitted for filing.	
dence concerning this matter	to the following:	
MARIA DEL PILAR REA	RICK	
	Name of Person	
	Firm/Company	
19484 Forest Garden Ct		
	Address	
Brooksville, FL 34601	Classification and Tile Co. L.	
SULE11@msn.com	City/State and Zip Code	
E-mail address: (	to be used for future annual report not	ification)
ncerning this matter, please ca	all:	
ARICK	954 394-3918	
Person	Area Code Daytin	ne Telephone Number
following amount:		
☐ \$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)
	Street Address: Registration Se	ection
rporations	Division of Cor	rporations
		Fallahassee be Street, Suite 810
	MARIA DEL PILAR REA  19484 Forest Garden Ct  Brooksville, FL 34601  SULE11@msn.com  E-mail address: ( ncerning this matter, please c  ARICK  Person  c following amount:  \$\square \$30.00 \text{ Filing Fee & }	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  MARIA DEL PILAR REARICK    Name of Person

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

LEKKER, LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I	.iability Company	were filed on 02/20/2018	ar	nd assigned
Florida document number L18000044976				-
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
PM REARICK, LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if appli	cable:	19484 Forest Garden Ct		~ ?
Principal office address MUST BE A STREE		Brooksville, FL 34601	:	
-			#3	
Enter new mailing address, if applicable:		19484 Forest Garden Ct	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	2
(Mailing address MAY BE A POST OFFICE BOX)		Brooksville, FL 34601	ST/	=
			r A	16
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, g	enter the name of th	ie new registe
	19484 Forest Garden Ct			
New Registered Office Address:		Enter Florida street	address	
		13-172- 1 10-11-0-1-0-0-1		
	Brooksville	<i>3</i>	_, Florida <u>34601</u>	

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.

María Del Filar Rearick
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICKY REARICK	2041 James Place, San Jose, CA 95125	□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to does not meet the application	able statutory filing rec	(optional) han 90 days after filing.) Pursu quirements, this date will n	ant to 605.0207 of be listed as
document's effective date on the Depa	rument of State's records			
e record specifies a delayed e The 90th day after the record		ot an effective time	e, at 12:01 a.m. on th	ne earlier of
Dated April 1	. 2024	·		
Maria Del Pilar Red Sig	nick			
Sig	gnature of a member or auth	orized representative of a	member	<del></del>

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Filing Fee: \$25.00