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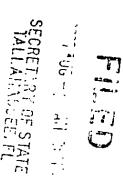
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COVER LETTER

TO: Registration of Division of	on Section f Corporations				
	ANDRA REARDIN, LLC		•		
SUBJECT:	Name of Li	mited Liability Company	3		
The enclosed Articl	es of Amendment and fee(s) are st	abmitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
	Cassandra Reardin				
	Reardin, U Cassandra Hardia LLC	Name of Person		SECR FAL	لسلت
	17723 GULF BLVD - U	Firm/Company		OKTAL ELYBY ELYBY ELYBY	[]] [===. []]
	REDINGTON SHORES	Address FI 33708	· ·	AH NO	
Con Conthan in Comm	cassandrareardin@gmail.	City/State and Zip Code com s: (to be used for future annual report notif	fication)	111	
Cassandra Reardin	tion concerning this matter, prease	813 205-0528			
	ame of Person	at ()	e Telephone Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing I	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Co cadditional cop	of Status &	
Division P.O. Bo:	tion Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASSANDRA REARDIN, LLC

(Name of the Limited Liability Com (A Florida Limite		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000115619</u>	ny were filed on han 26, 2021	- 5-8-2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	SECRET 100 TO THE SECRET STATE OF THE NAME
New Registered Office Address:		
rew regarded strate radies.	Enter Florida street c	iddress
Number 14 of Circles in the control of the control	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity te performance of my dutie s provided for in Chapter (es, and I am familiar with and 505, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action	
MGR	Rhett Reardin	17723 GULF BLVD - UNIT 1		`\$
		REDINGTON SHORES, FL 33708	■Remove	.•
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Effective	date, if other than the date of filing:
Note: If t	ve 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 663.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated	Jul 12, 2022

Typed or printed name of signee