L18000 157143

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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00T 1 9 2020 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2020

JACOB RICE-RIVERA DETAIL ST. LLC 18528 HOLLY ROAD FORT MYERS, FL 33967

SUBJECT: DETAIL ST. LLC Ref. Number: L18000157143

We have received your document for DETAIL ST. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 920A00015198

COVER LETTER

	1 . •		LOVER LETTER					
TO:	Registration Se Division of Cor							
	Detail St. L	1 C						
SUBJI			•					
		Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		Jacob Rice-Rivera						
			Name of Person					
		Detail St. LLC						
			Firm/Company					
		18528 Holly Road	18528 Holly Road					
			Address					
		Fort Myers, FL 33967						
			City/State and Zip Code					
		jakerr51793@gmail.com	to be used for future annual report r	polification				
For fu	rther information c	concerning this matter, please c						
Jacob	Rice-Rivera		610 316-4837					
	Name o	of Person	at () Area Code — Day	time Telephone Number				
Enclos	ed is a check for t	he following amount:						
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres	\$\$:	Street Address					
	Registration	Section	Registration	Section				
	Division of C	Corporations	Division of C	Corporations				

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO)	
ARTICLES OF O		2020 OCT
Detail St. LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) ability Company)	E HA
The Articles of Organization for this Limited Liability Company	were filed on <u>6/27/2018</u>	and assigned
Florida document number 1.18000157143		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
Rethreads LLC The new name must be distinguishable and contain the words "Limited Liaoili	tu Communu "the designation "I I C"	
Enter new principal offices address, if applicable:		r the aboreviation L.L.C
(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 a	idross on our manyde onton the	.

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Lindsay Lee	
New Registered Office Address:	8325 Cardinal Road	
	Enter Fle	rida street address
	Fort Myers	, Florida ³³⁹⁶⁷
	Ciņ	Zip Code

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.

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
MGR	Jacob Rice-Rivera	18528 Holly Road	🗆 Add
		Fort Myers, FL 33967	■Remove
			□Change
MGR	Lindsay Lee	8325 Cardinal Road	🛱 Add
		Fort Myers, FL 33967	🗆 Remove
			□Change
			🗆 Add
		·	
			Change
	<u></u>		🖸 Add
			Change
			🗆 Add
			🗆 🗆 Remove
			□Change
		<u> </u>	🗆 Add
			🗆 Remove
			□Change

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

•·····			
-	<u> </u>	 	
-			
		 	 _
		 _	
		 - <u></u>	

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) <u>Note:</u> 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.

Dated October 02	2020			
			\geq	
At	Signature of a member or au	thorised representative of	f a member	
Jacob Ríce-Rivera				

Typed or printed name of signee