

L190000 39075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

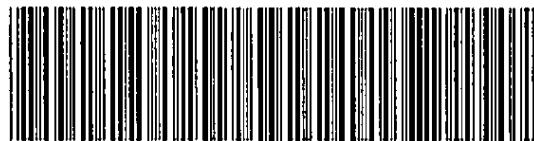
(Business Entity Name)

(Document Number)

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2019 APR 29 PM 12:50
TALLAHASSEE, FLORIDA

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MAY 1 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REDEEMED WHOLESALER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARILYN SIWINSKI

Name of Person

Firm/Company

2598 E SUNRISE BLVD, STE 2104

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

MARILYN.SIWINSKI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILYN SIWINSKI

239 443-8311

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2019

MARILYN SINWINSKI
2598 E SUNRISE BLVD STE 2104
FT LAUDERDALE, FL 33304

SUBJECT: REDEEMED WHOLESALER, LLC
Ref. Number: L19000039075

We have received your document for REDEEMED WHOLESALER, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 019A00005704

RECEIVED
2019 APR 29 PM 3:34
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

REDEEMED WHOLESALER, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

JUN 29 12:50

The Articles of Organization for this Limited Liability Company were filed on 02/07/2019 and assigned
Florida document number L19000039075

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REDEEMED PROPERTY INVESTMENTS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8201 PETERS RD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1000

PLANTATION, FL 33324

Enter new mailing address, if applicable:

8201 PETERS RD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 1000

PLANTATION, FL 33324

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

Name of New Registered Agent:

New Registered Office Address:

8201 PETERS RD, SUITE 1000

Enter Florida street address

PLANTATION

City

Florida 33324

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Note: 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.

(b) The 90th day after the record is filed.

Marilyn Siwinski
Signature of a member or authorized representative of a member

Marilyn Siwinski
Typed or printed name of signee