## L1900000 107571

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200330244472

06/14/19--01017--012 \*\*25.00

19 JUN 14 PH 6: 1

JUN 2 6 2019 S. YOUNG

## **COVER LETTER**

Div	ision of Co	porations		
SUBJECT:		ounty Court Services		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Tonia Jackson		
			Name of Person	
			Firm/Company	
		7308 N.W. 57 Court		
		Tamarac, Florida	Address	
		toniajackson7308@bellsout	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report n	otification)
For further in	formation c	oncerning this matter, please ca	all:	
Tonia Jackso	on		954 465-5112 at ()	
	Name o	f Person	Area Code Dayı	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{047}{1}$ Florida document number $\frac{L1900010757}{1}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>·e</u> :
Reentry Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b></b>
(Principal office address MUST BE A STREET ADDRESS)	A. B.
	皇皇五
	\$55.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	6:
[matting unitees MAT DE ATOST OFFICE BOA]	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter the name of the
Name of New Registered Agent.	
New Registered Office Address:	
Enter Floria	la street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address of each perso							
MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
<del></del>							
			Remove				
			Change				
			Remove				
			Change				
			Add				
			□ Remove				
			Change				
			Add				
			Remove				
			Change				
			Remove				
			Change				
			□ Remove				
			Channa				

If amending an	y other information, ente	er change(s) here:	(Attach additiona	l sheets, if necessar	y.)
		<del></del> -			<del>.</del>
			<del></del>	<u>.                                    </u>	
	<del></del>	<del></del>			
				·	
			<del></del>		
			<u> </u>		<del>-</del>
<u> </u>					
					_
			<u>-</u> 4.		<u> </u>
<u> </u>		<del></del>		<u>.                                    </u>	
	<del></del>			· <del>-</del>	<del></del>
				<del></del>	
<del></del>	<del></del>	_	<del>-</del>		
				<del></del>	
		-			
	·. <u>-</u>		<u></u> _	<del></del> ,	
If an effective date is <b>Note:</b> If the date	other than the date of fi listed, the date must be specific inserted in this block does n ive date on the Department	and cannot be prior to of meet the applicab	date of filing or more t e statutory filing red	(optional) han 90 days after filing quirements, this date	) Pursuant to 605,0207 ( will not be listed as t
ne record spec The 90th day	ifies a delayed effectiv after the record is file	e date, but not a	n effective time	e, at 12:01 a.m.	on the earlier of:
Dated June 10	Tomas				
	Signature	Va/member or authoriz	ed representative of a	member	<del></del>
	onia Jacks	·. \			
	onia Jackso	Typed or printed r	ame of signer		

Page 3 of 3

Filing Fee: \$25.00