Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	(850)617-6383	2020
unt Name :	LEGALZOOM.COM INC.	
unt Number :	120010000062	
e :	(323)962-8600	· ພາ
Number :	(323)962-3889	0.1
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ail address	for this business entity to be u	sed for future
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE REBEL SISTERS LLC

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Corporate Filing Menu

AUG | 1 2020

From.Icon Bay

Registration Section

7865775416

06/30/2020 09:38

#025 P.001/004

## **COVER LETTER**

Division	of Corporations	
	E REBEL SISTERS LLC	
	Name of Limited Liability Company	
The enclosed Artic	icles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm Company	
	101 N Brand Blvd 11th Fl	
	Address	
	Glendule, CA 91203	
	City/State and Zip Code	
	jasmine.ch@me.com	
	E-mail address: (to be used for future minual report notification)	
For further inform	nation concerning this matter, please call:	
Cheyenne Mosel	ey 800 773-0888	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ches	ck for the following amount:	
□ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy Certificate of Status  Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	& zuus

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, FI, 32301

Framileon Hay

7865776410

06/30/2020 09:39

#025 P.002/004

### TO ARTICLES OF ORGANIZATION OF

THE REBEL SISTERS LLC							
(Nume of the Limited Li (A Fl	shility Cempan orida Limited Li	y as it now appears on our ability Company)	LECOLOFT)				
•					and assigned		
Florida document number L19000152334	·						
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	limited liabil	lity company here:					
The new name must be distinguishable and contain the words	"Limited Liabili	ry Company," the designano	n "LLC" or the a	bbreviation "	LLC."		
Enter new principal offices address, if applicable	:	460 NE 28th st, unit 220	02				
Principal office address MUST BE A STREET ADDRESS)		Miami, Fl. 33137		2820			
					11		
Enter new mailing address, if applicable:		460 NE 28th st. unit 220	02	YU6 I	· ·		
Mailing address MAY BE A POST OFFICE BOX	Q	Miami, FL 33137			7.7.4		
			·	<u></u>	<u> </u>		
B. If amending the registered agent and/or t	registered of	lice address on our r	ecords, enter	் இத் பக்க	e of the		
registered agent and/or the new registered office	address here	;		•			
Name of New Registered Agent: B	BRITO AND BRITO ACCOUNTING USA, INC						
New Registered Office Address:	07 LINCOLN	ROAD SUITE 9A					
i		Emer Florida stree	t oddress	-			
N	11AMI BEACI	H	, Florida <u>-</u>	3139			
<del></del>		Cuy		Zip Cou	ic		

#### 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.

From:Icon Bay

7805775416 06/30/2020 09:39 #025 P.003/004

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CHAMI, JASMINE	460 NE 28th st. unit 2202	D Add
		Miami, FL 33137	
			<b></b>
AMBR	GUALTIERI, EMMA	460 NE 28th st, unit 2202	□ Add
		Miami, FL 33137	■ Remove
			O Change
			Remove
			Change
			C Add
			☐ Remove
			Change
			D Add
			□ Remove
			O Change
		**************************************	
			D Change

Page 3 of 3

Filing Fee: \$25.00

Signature of a member of surfactived representative of a member

Typed or printed name of signed

Jasmine Chami