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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

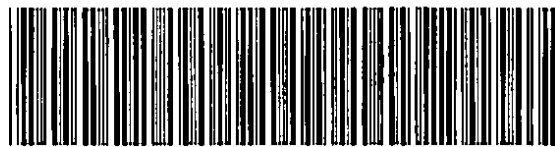
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Signature

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REBATEME, 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:

Michelle Restuccia

Name of Person

REBATEME, LLC

Firm/Company

1060 Maitland Center Commons, Suite 340

Address

Maitland, FL 32751

City/State and Zip Code

mrestuccia@gticorporate.com

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

For further information concerning this matter, please call:

Michelle Restuccia

407 215-5143

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 Address:

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

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

REBATEME, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/27/2019 and assigned
Florida document number L19000160564.

This amendment is submitted to amend the following:

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

Frübbel, 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:

(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 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:

Enter Florida street address

_____, **Florida** _____
City *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>	<u>Address</u>	<u>Type of Action</u>
	<hr/>	<hr/>	<input type="checkbox"/> Add
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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

November 23, 2022

Florida Department of State
Division of Corporations

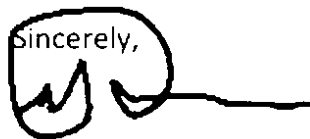
Letter Number: 722A00025590

To whom it may concern,

Hope all is well. In response to the attached letter please see the original paperwork that was sent in back in August which includes the Signature page.

Not sure how that page went missing, regardless see the attached complete paperwork.

Should you have any questions or need any further information, please contact me at 407-215-5143.

Sincerely,


Michelle Restuccia

Executive offices



RECEIVED

2022 NOV 29 AM 11:29

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2022

MICHELLE RESTUCCIA
1060 MAITLAND CENTER COMMONS
SUITE 340
MAITLAND, FL 32751

SUBJECT: REBATEME, LLC
Ref. Number: L19000160564

We have received your document for REBATEME, 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):

YOU HAD A MISSING PAGE THAT NEED TO BE SIGN.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 722A00025590

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314