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COVER LETTER

Divi	sion of Corp	oorations		
SUBJECT:	REC. BREA	KER LLC		
30bJrc1.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing	
Please return	all correspor	idence concerning this matter	to the following:	
		Trevor Hassen		
			Name of Person	
		REC. BREAKER LLC		
			Firm/Company	
		3615 S ATLANTIC BLVD. Apt 205		
			Address	
		DAYTONA BEACH SHO	DRES, FL 32118	
		•	City/State and Zip Code	
		boodo96@aol.com		
		E-mail address: (1	to be used for future annual report notifica-	ation)
For further in	formation co	ncerning this matter, please ca	all:	
JERAD WIT	HROW		407 739-9225 at ()	
	Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling Fee	S30.00 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

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) Y)
The Articles of Organization for this Limited I	Liability Company were filed on	07/09/2019 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	2020 SEC#
		N
Enter new mailing address, if applicable:		5 PP
Mailing address MAY BE A POST OFFICE BOX)		🚆 🚊 မ္း 🔽
		7
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, enter the name of th
New Registered Office Address:	322 E Kaley Ave	
	Enter I	Florida street address
	Orlando	Florida 32806
	Cin	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

Page 1 of 3

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	FRICK, HUNTER	1850 SAN JACINTO ST	
		LOS ANGELES, CA 90026	
			■ Remove
			Change
		SECRL II.	
			☐ Change
			FL SIA Remove
			□ Change
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

	 	
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.)	
ote: If the date inserted in this block does not meet the applicable statutory function of state's records.	iling requirements, this date w	ill not be listed a
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. o	n the earlier o
red <u>December</u> 27. 2019.		

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Filing Fee: \$25.00