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

TO: Registration Se Division of Cor			
SUBJECT:	RexTech (Le	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<i>Rz</i>	ndy Ferrer Name of Person	
		Pax Tech Firm/Company	
	4514 NW	12 th Ave Address	
		FC 33/27 City/State and Zip Code h 286 mail. com to be used for future annual report noti	
For further information co	oncerning this matter, please c	-	incarion)
Randy Fer	rer f Person	at (<u>303</u>) <u>62 / 3</u> Area Code Daytim	5465 e Telephone Number
Enclosed is a check for th	ne 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 Addres	s:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	ny as it now appears on o liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/</u>	05 / 00 / 9 and assigned
Florida document number <u>L 19000199127</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		\$ 20 2
(Principal office address MUST BE A STREET ADDRESS)		1000 T
Enter new mailing address, if applicable:		9 P 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida str	eet address
	Enter Florida str	
	Enter Florida str City	eet address, Florida Zip Code
		, Florida

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>	Address	Type of Action
MGR	Randy Ferrer	4514 NW 12 Ave	[JAdd
		4514 NW 12 Ave Migmi, FC 33127	□Remove
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(If an eff Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	October 12 2020
	(λh)
	Signature of a member or authorized representative of a member