hz0000050149

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
(Dc	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Lice Or	



JU. . 1 (

05/22/21--01003--011 +*25.00

7/16/2

Office Use Only

COVER LETTER

.

•

TO:	Registration Section		
	Division of Corporations		

R 3 LLC

SUBJECT:

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:

	Holiday Hum Russell, Esq		
		Name of Person	
	Holiday Hunt Russell PLL	c	
		Firm Company	
	2699 Stirling Road Suite A	-105	
		Address	
	Fort Eauderdate FL 33312		
		City/State and Zip Code	<u> </u>
	hhrussell@holidayrussell.co	m	
	E-mail address: (to be used for future annual report notif	ication)
Holiday Hunt Russell, E	NU	954 920-5153	
	• • • • • • • • • • • • • • • • • • •	at ()	11° I
	f Person	ar () Area Code — Daytimo	e Telephone Number
Nane o	f Person	at () Area Code — Daytime	e Telephone Number
	f Person re following amount.	at () Area Code Daytime \$55.00 F(hng Fee & Cert(fied Copy (additional copy is enclosed)	E Telephone Number □ \$60.00 Filing Fee, Certificate of Status & Certificate Copy Gaddmonal copy is enclosed
Name o Enclosed is a check for th S25.00 Filmg Fee <u>Mailing Addres</u>	f Person ne following amount.	555.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address:	Sol.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed.
Name o Enclosed is a check for th S25.00 Filmg Fee <u>Mailing Addres</u> Registration S	f Person ne following amount.	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) <u>Street Address:</u> Registration Sec	Sou.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed;
Name o Enclosed is a check for th S25.00 Filmg Fee <u>Mailing Addres</u>	f Person f following amount. Solution Filing Fee & Certificate of Status Section forporations	555.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address:	Sou.00 Filing Fee. Certificate of Status & Certified Copy caddinonal copy is enclosed: ction porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELLC

(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 February 12, 2020	and assigned
Florida document number 120000050149		
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 "familed faabilit	ty Company," the designation "LLC" or the	abbreviation "L.I. 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 BON)		
		·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ime of the new register
Name of New Registered Agent:		
New Registered Office Address:		

 , Florida _____Zıp Code

::1

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, it this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability of this change.

If Changing Registered Agent, Signature of New Registered Agent, ?

Enter Florida street address

· · · · · ·

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	TRUSTGEMELC	6442 Coldwater Canyon Suite 200	lAdd
		North Hollywood CA 91606	Remove
]Change
			; Add
			TRemove
			.Change
			TRemove
)Change
-			
		<u>-</u>	TRemove
		· · · · · ·]Change
]add
			7.Change
		······	
			IKemove
			TChauge

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-				
	 			<u> </u>
	 		· · · · · · · · · · · · · · · · · · ·	
	 	·		
	 ••••••••••			
	 ·			

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.

Dated	2021	П –
	Signature of a member or authorized representative of a member	
Sean Dollinger		
	Typed or printed name of signee	، جَرَبَ

Filing Fee: \$25.00