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(Req	uestor's Name)	
(Ädd	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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SECRESANT STAINING

COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		•
SUBJECT.		RESALE, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
	·	_	Ū	
		TIMOTHY H. BUTTON		
			Name of Person	
		RILEY BENNETT EGLO	FF LLP	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		500 N. MERIDIAN STRE	ET, SUITE 550	
			Address	
		INDIANAPOLIS. IN 4620	34	
			City/State and Zip Code	
		TBUTTON@RBELAW.CO	•	
		-	to be used for future annual report not	tification)
For further in	iformation co	oncerning this matter, please ca	all:	
TIM BUTTO	NC		317 902-5796	
<u> </u>	Name of	Person	at () Area Code Daytir	ne Telephone Number
			, , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclosed is a	check for th	e following amount:		
		_	Descopilia es e	□ 640 00 EH E
□ \$25.00 F	ning ree	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mai	iling Address	::	Street Address:	
Reg	gistration S	ection	Registration Se	
		orporations	Division of Co	•
). Box 6321 lahassee, F			Tallahassee oe Street, Suite 810
			<u> </u>	se sheet, cane blo

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Liability Compa (A Florida Limited	ny as it now appears on Liability Company)	our records.)	
iability Company	were filed on FEBRU	JARY 28, 2020	and assigned
·			
owing:			
f the limited liab	ility company here:		
vords "Limited Liabi	lity Company." the design	nation "LLC" or the abb	reviation "L.L.C."
able:	N/A		202 0 1
ET ADDRESS)			100 A
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registered office :	address on our recor	ds, enter the name	of the new regist
ss here:			
N/A			
-	Enter Florida si	treet address	
		Florida	
	City	r loriga	Zip Code
	iability Company owing: f the limited liab vords "Limited Liabi rable: TADDRESS) BOX) registered office as sere:	iability Company were filed on FEBRU owing: f the limited liability company here: words "Limited Liability Company." the design N/A ET ADDRESS) Pegistered office address on our recors here: N/A Enter Florida s	sords "Limited Liability Company." the designation "LLC" or the abb rable: N/A N/A N/A ROX) Registered office address on our records, enter the name as here: N/A Enter Florida street address Florida

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>	Address	Type of Action
N/A		A Control of the cont	20 Add APR Bremove Change Add
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Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 2.	the specific and cannot book does not meet the	applicable sta	of tiling or more the	(optionan 90 days after uirements, this	nal) illing.) Pursuant to date will not be	o 605.0207 (3) e listed as the
ecord specifies a delayed effective is filed.	date, but not an effec	ctive time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day	after the
ned	. 2020	·				
	Signature of a member of	A Show) Pears	E	ford	and ho

Filing Fee: \$25.00