

170 000 107559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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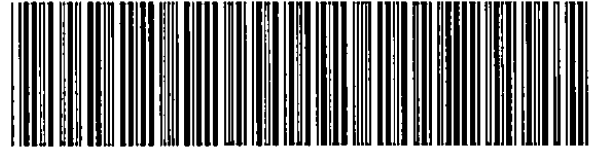
(Business Entity Name)

(Document Number)

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2020 MAY -4 PM 2:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Y SUI KEP

MAY 19 2020

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ACQUISITIONRE, 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:

TIMOTHY S COBB

\_\_\_\_\_  
Name of Person

ACQUISITIONRE, LLC

\_\_\_\_\_  
Firm/Company

3940 Gathering Dr. Apt. 4

\_\_\_\_\_  
Address

Orlando FL 32817

\_\_\_\_\_  
City/State and Zip Code

timothy@acquisitionre.com

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

For further information concerning this matter, please call:

TIMOTHY S COBB

813 285-2978

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

ACQUISITIONRE, 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 20 APRIL 2020 and assigne  
Florida document number L20000107559.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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 re  
agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

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 v  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume  
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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	TIMOTHY S. COBB	3940 Gathering Dr. Apt. 4	<input type="checkbox"/> Add
		Orlando FL 32817	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<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 605.02C

Dated 28 APR 2020.

Timothy S. Cobb  
Typed or printed name of signer