

L20000122002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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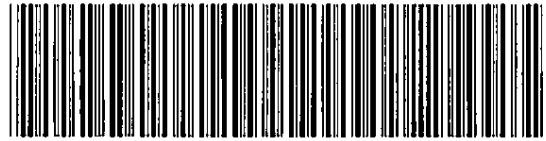
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Res Reps 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:

David Shoeman
Name of Person

Res Reps LLC
Firm/Company

1495 Vega Ave
Address

Merritt Island, FL 32953
City/State and Zip Code

Shoe@resreps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Shoeman at (321) 537-9991
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
214 S. Adams St.
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RES REPS 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 _____ and assigned
Florida document number L20000122002.

This amendment is submitted to amend the following:

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," the designation "LLC" or the abbreviation "L.L.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 BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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 amending ¹ ized 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>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Travis Mendel</u>	<u></u>	<input type="checkbox"/> Add
		<u>1495 Vega Ave Merritt Island FL 32953</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. MEMBERS NAMED, pg. # 1: DELETE TRAVIS MENDEL
2. PLACE OF BUSINESS, pg. 2 Replace with: 125 E. HERRITT Island CAUSWAY,
Suite 107 Box 348, HERRITT Island, FL 32952
3. Capital Contributions ^{B2}Changed: David Shoeman \$500, Larry Shoeman \$50,000
REMOVE TRAVIS MENDEL, \$500
4. Member Percentage Interests, pg. 4 REMOVE TRAVIS MENDEL, REVISE David Shoeman
to 510 units, 51% MPI; REVISE Larry Shoeman 250 Units, 25% MPI
add "Unobligated - 240 units, 24% MPI, no vesting period."
4. Manager of LLC, pg. 8 REMOVE TRAVIS MENDEL AS A MANAGING MEMBER
5. CHANGES TO OPERATIONS AGREEMENT; pg. 9 - Change from 85% to 51% VOTE OF MEMBERS.
6. Admission of New Members; pg. 11 - Change from 90% to 51% VOTE OF MEMBERS.
7. Additional Amendments; pg. 15 - Change from 90% to 51% VOTE OF MEMBERS.
8. Member Unit Redemption Option; pg. 16 - DELETE ARTICLE.
9. PARTIES TO AGREEMENT; pg. 16 - DELETE NAME TRAVIS MENDEL.

E. Effective date, if other than the date of filing: 12/15/2023 (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 02/16, 2024



Signature of a member or authorized representative of a member

David Shoeman

Typed or printed name of signee

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