

L20 000127549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

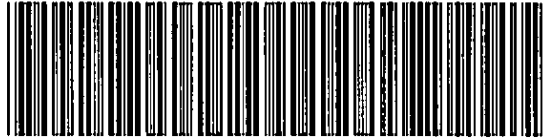
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RETHSON, 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:

PIERRE, LUCCON L
Name of Person
RETHSON, LLC
Firm/Company
5457 TREVOR CIR APT 101
Address
WEST PALM BEACH, FL 33417
City/State and Zip Code
LPIERRE1100@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIERRE, LUCCON L at (561) 707-0175
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PIERRE, LUCCON L	5457 TREVOR CIR APT 101	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUGUSTIN, MAGARETH R	5457 TREVOR CIR APT 101	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33417	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	PIERRE, LUCIANIE L	4775 N AUSTRALIAN AVE APT 201	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

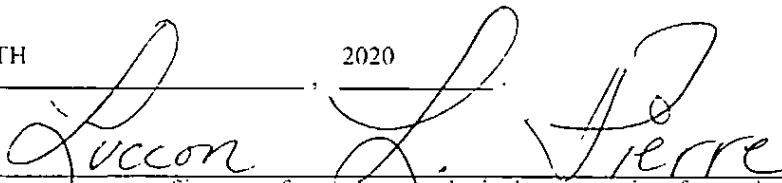
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 AUGUST 6TH

2020



Signature of a member or authorized representative of a member

PIERRE, LUCCON L.

Typed or printed name of signee