## L20000127549

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
( <b>,</b> ,,,,,,
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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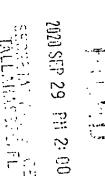
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## **COVER LETTER**

TO: Registration Division of C	n Section Corporations			
	SON, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.			
Please return all corre	espondence 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 informatio	on concerning this matter, please call:	دے ،		
PIERRE, LUCCON I	L 561 707-0175	D0 8		
Nam	me of Person Area Code Daytime Telephone Number	2020 SEP 29		
Enclosed is a check for	For the following amount:	P		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETHSON, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del>.</del>
The Articles of Organization for this Limited Liability Company Florida document number L20000127549	y were filed on MAY 11, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	
Name of New Registered Agent:		2020 SEP
New Registered Office Address:		29
	Enter Florida street address	PH 2:
	, 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 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	PIERRE, LUCCON L	5457 TREVOR CIR APT 101	■Add
		WEST PALM BEACH, FL 33417	□Remove
			□Change
AMBR	AUGUSTIN, MAGARETH R	5457 TREVOR CIR APT 101	
		WEST PALM BEACH, FL 33417	□Remove
			■Change
AP	PIERRE, LUCIANIE L	4775 N AUSTRALIAN AVE APT 201	□Add
		WEST PALM BEACH, FL 33407	■Remove
			Change
			2007ASEP
			□ Ramove
			Change Change B
			Rcmove
			☐ Change
<del></del>			
			□Remove

D. If amending any other information,	, enter change(s) here: (Attach	additional sheets, if necessa	ıry.)
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			<u> </u>
E. Effective date, if other than the date	of filing:	(ontions	n
(If an effective date is listed, the date must be spontage)  Note: If the date inserted in this block didocument's effective date on the Department.	pecific and cannot be prior to date of fill loes not meet the applicable statuto	ing or more than 90 days after filin	ig.) Pursuant to 605.0207 (3)(b
If the record specifies a delayed effective date record is filed.	e, but not an effective time, at 12:0	i a.m. on the earlier of: (b)	The 90th day after the
Dated AUGUST 6TH	. 2020		
	9//:		<del></del>
Signa PIERRE, LUCCON L.	ature of a member or authorized repres		
	Typed or printed name of s	ignee	<del></del>