

L20 000 127549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200352187162

09/29/20--01014--004 ++26.00

RECEIVED

SEP 28 2020

2020 SEP 29 PM 2:00
TALLAHASSEE FL
SECRETARY OF
STATE

FILED

D BRUCE
NOV 04 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

Name of Person

561 at ()

Area Code

707-0175

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

2020 SEP 29 PM 2:00
TALLAHASSEE, FL
FEDERAL

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

RETHSON, 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 MAY 11, 2020 and assigned
Florida document number L20000127549.

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 Changing Registered Agent, Signature of New Registered Agent

<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 SEP 29 11:00
RECEIVED
TALLAHASSEE

2020 SEP 29 PM 2:00
SECURITY DEPT
TALLINN, ESTL

(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.

Dated AUGUST 6TH 2020

PIERRE, LUCCON L.

Luccon Pierre
Typed or printed name of signee