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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: R&E Plaza Store and Services LIC EDE Plaza 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:
Rod Ramirez Name of Person
Rem Multiservices Firm/Company
5279 Ehrlich Rd Address
Tampa # 33624 City/State and Zip Code
City/State and Zip Code Yem multiservices ea mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rod Ramirez at (813) 810 - 48F1 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQE Plaza Store	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 20000 [539</u> 05	were filed on 06 05 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile E & E Plaza Services Ll The new name must be distinguishable and contain the words "Limited Liability".	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)	PO BOX 300703 Tampa Fl 33694
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code .
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	

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	

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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an effe <u>ote:</u> I	re date, if other than the date of filing:
record is file	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 d.
ued _	June 10 2021
	Signature of a member of authorized representative of a member
	Rod Ramirez
	Typed or printed name of signee