

L20 000179465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

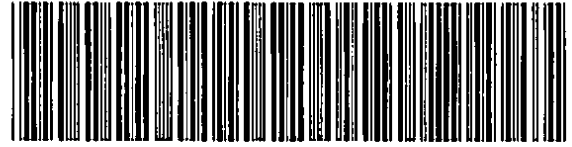
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500349503245

08/11/2019 11:01:11 AM

STATE
TOLSON, SEB. FL.

2020 NOV -6 PM 1:04

FILED

11-01-2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rekreated Threads 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:

Nikia Jolly

Name of Person

Rekreated Threads LLC

Firm/Company

50 Pierce st

Address

Lehigh Acres Fl 33936

City/State and Zip Code

rekreatedthreads@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikia Jolly

954 6876743
at ()

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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Rekreated Threads 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 6/26/2020 and assigned Florida document number L20000179465.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rekreated Threads LLC

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)

50 Pierce St

Lehigh Acres FL 33936

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

50 Pierce st

Lehigh Acres FL 33936

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:

Nikia Jolly

New Registered Office Address:

50 pierce st

Enter Florida street address

Lehigh Acres


City

Florida 33936

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

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>
Mrs	Nikia Jolly	50 Pierce st	<input checked="" type="checkbox"/> Add
		Lehigh Acres Fl 33936	<input type="checkbox"/> Remove
		MGR	<input type="checkbox"/> Change
Mr	Darien Jolly	50 Pierce st	<input checked="" type="checkbox"/> Add
		Lehigh Acres Fl 33936	<input type="checkbox"/> Remove
		AMBR	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 NOV -6 PM 1:04
CLERK OF DISTRICT COURT
FLORIDA
LEHIGH ACRES, FL

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

Nikia Jolly, Manager

Darien Jolly Authorized member

FILED

2020 NOV -6 PM 1:04

DEPT. OF STATE
RECORDS SECTION

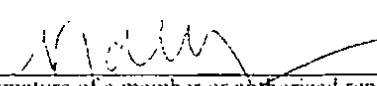
E. Effective date, if other than the date of filing: _____ (optional)

(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 12, 2020.


Signature of a member or authorized representative of a member

Nikia Jolly

Nikia Jolly

Typed or printed name of signee