L20000394919

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300357453783

01/11/21--01018--018 **25.00



FEB 1 8 2021 S. YOUNG

COVER LETTER

	rision of Co			
SUBJECT:	REBONUS	S BROKERAGE LLC		
JOBSEC 1.		Name of Lir	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	hmitted for filing	
		ondence concerning this matter	-	
		Sonia Salazar		
			Name of Person	
		Rebonus Brokerage LLC		
			Firm/Company	
		9044 W Atlantic Blvd #33	3	
			Address	
		Coral Springs FI 33071		
			City/State and Zip Code	
		soniasalazarfl@gmail.com	to be used for future annual report not	ification
or further in	formation c	oncerning this matter, please c	·	meation)
Sonia Salaza		.	305 849-1003	
Name of Person		f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	ing Address		Street Address:	
-	istration S ision of Co	ection orporations	Registration Se Division of Cor	
	Box 632	-	The Centre of 1	-

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rebonus Brokerage LLC

(Name of the Limited I	iability Company as i Florida Limited Liabilit	t now appears on our recory Company)	ds.)		
The Articles of Organization for this Limited Liabi	lity Company were	filed on 12/17/2020		and ass	igned
				-1-1-	****
Florida document number L20000394919	·			JANI	
This amendment is submitted to amend the followi	na•		·:		
This amendment is submitted to amend the follows	ug.		£ 1.	_	
A. If amending name, enter the new name of the	e limited liability c	ompany here:	• • •	¥	
				ؽ	
The new name must be distinguishable and contain the words	s "Limited Liability Cor	mpany," the designation "LL	C" or the abbre	viation L	L.C."
The new name must be distinguishable and comain are were.		3			
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>			
		<u></u>			
Enter new mailing address, if applicable:	_			· 	
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or regis	stered office addre	ss on our records, <u>ente</u>	r the name o	f the nev	v registered
agent and/or the new registered office address h					
Name of New Registered Agent:					
Hame of New Registered Figure.					
New Registered Office Address:		Enter Florida street addre			
		Enter Florida street adare	PSS .		
		, F	lorida		
_	(lity		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered a		act in this canacity. If	urther aoree	to com	olv with the
provisions of all statutes relative to the proper of	and complete perfo	ormance of my duties, o	and I am fan	iliar wi	th and
accept the obligations of my position as register	red agent as provid	led for in Chapter 605	, F.S. Or, if	this doci	ıment is
being filed to merely reflect a change in the reg	istered office addr	ess, I hereby confirm t	hat the limit	ed liabil	ity
company has been notified in writing of this cho	ange.				

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	
AMRR =	Authorized	Membe

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

A	RTICLE VI
T	he Company is a manager-managed limited liability company.
_	
_	
_	
_	
_	
_	
n effect <u>te:</u> If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
s filed	
ted	Signature of Amember or authorized representative of a member
	Signature of member or authorized representative of a member