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(Re	questor's Name)
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(Cit	iy/State/Zip/Pfloi	ie #)
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(Do	ocument Number)
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COVER LETTER

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	7.R.E. Unli	mital LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Angelo	EHarrell II Name of Person	_
	RARE L	In limited 2	LC
	10535 N	nc. Eirts Cr	eck Drive
	Jack 80	nville, FC.	32221_
	Angelo. Ho	nville, FC. City/State and Zip Code arrell 20 gmail. be used for future annual report not	2 Om
For further information con	cerning this matter, please cal		
Angelo Name of P	Harrell II	at (904) 70 Daytir	8-1757 ne 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:		Street Address:	

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RARE Unlimited	LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	ny as it now appears on our records,) iability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 12000057107	were filed on February 1, 2021 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity 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 adagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new</u>	registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	<u></u>
	, Florida	
	City Zip Code	555
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docum	ienis o

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 Type of Action **Address** Title Title <u>Name</u> Angelo F. Harrell II 10535 McGirts Creek Dring Jacksonville, FC 32221 Remove ☐ Change AP Allexius M. Harrell 9266 Randal Park Blog Add Apt. 16125 Remove Orlando, FC 32832 Change \square Add □ Remove □Change □Change 1

___ □Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Effective date, if other than the date of filing:	.0207 (3)(b) ed as the	1
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 aftercord is filed.	21 HAR	
Dated February 19 2021. Allers M. Hanell	<u>'</u>	
Ollub N. Havell Signature of a member or authorized representative of a member	PA :	
Allexius M. Harrell Typed or printed name of signee	5 7	一般のよう

Filing Fee: \$25.00