## K21 COC 115339

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
(11 P) 117	REY & JIM					
SUBJE	СТ:		ited Liability Company	<del></del>		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	eturn all correspo	ndence concerning this matter	to the following:			
		Brooke Typer				
		<del></del> -	Name of Person			
		Entrepreneur Success, Inc.				
			Firm/Company	<del></del>		
		4204 E Lake Chapin Road				
		Address				
		Berrien Springs, MI 49103	•			
		brooke@entsuccess.com	to be used for future annual report not	(Managiana)		
For furt	her information co	oncerning this matter, please ca	·	incation)		
Brooke	Турег		269 357-7974 at ()			
	Name of	Person	Area Code Daytim	ne Telephone Number		
Enclose	d is a check for th	e following amount:				
□ \$25	i.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

REY & JIM, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited L. Florida document number 121000115339	iability Company	were filed on March 10, 2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		
Principal office address MUST BE A STREI	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		·
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : :ss here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:	Michel E. Mor	gado Martinez	
New Registered Office Address:	820 NW 87th		
		Enter Florida street address	
	Miami		la 33172-3430 Zip Code
		City	zy cone

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.

f Changing Bally et 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>	Name	Address	Type of Action
AMBR	Michel E. Morgado Martinez	820 NW 87th Ave Apt 403	<b>=</b> Add
		Miami, FL 33172-3430	□Remove
			Change
AMBR	Jimmy Morgado Perez	820 NW 87th Ave., Apt 403	
		Miami, FL 33172	≅Remove
AMBR	Reinaldo Martinez Hernandez	40 W 5th St., Apt 5	
		Hialcah, FL 33010	≅Remove
		······································	☐ Change
<del></del>			
			□Remove
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change

<del></del>
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suant to 605.020
not be listed a
th day after the

Filing Fee: \$25.00

Typed or printed name of signee