h21 000 135974

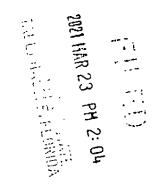
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400364356484

04/23/21-101015--006 **25.00



16

COVER LETTER

	Registration S Division of Co		
SUBJEC	Marketing	Recharged LLC	
SUBJEC	1	Name of th	nited Liability Company
The enclo	sed Articles of	Amendment and fee(s) are su	bmitted for filing.
Please ret	uru all corresp	ondence concerning this matte	r to the following:
		Cynthia Tieche	
			Name of Person
		Recharge LLC	
			Firm/Company
		2165 SW 80th St	
			Address
		Ocala, Fl. 34476	
		evie.rechargeclinicocala@g	
			to be used for future annual report notification)
For further	r information c	oncerning this matter, please of	all:
Cynthia T			352 615-8580
	Name o	f Person	art ()
Enclosed i	s a check for th	ne following amount:	
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
R D P	lailing Address egistration S vivision of C .O. Box 632 allahassee, F	section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marketing Recharged LLC		
(<u>Name of the Limited I</u> (A	Jability Company as it now appears on our record Florida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabi Florida document number 1.21000135974	lity Company were filed on 3/23/24	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s ^{et} ,imited Liability Company," the designation "H I C"	or the abbreviation of A.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	2001 H
Enter new mailing address, if applicable:		LATIASSET
(Mailing address MAY BE A POST OFFICE BO		
manns dances on it be it out of the be		PH 2: 04
B. If amending the registered agent and/or registered agent and/or the new registered office address h Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet address	
	File	pida
-	City	rida Zıp Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	and complete performance of my duties, an red agent as provided for in Chapter 605. I istered office address, I hereby confirm the	d Lam familiar with and S. Or, if this document is
	If Changing Registered Agent. Signature of	New Registered Agent

MGR = N AMBR = A	lanager authorized Member		
<u>Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	LIS LLC	2165 SW 80th St	□ □ Add
		Ocala, Fl. 3-i476	■Remove
			□Change
MGR	LIS Enterprise LLC	2165 SW 80TH ST	≣Add
		OCALA, FL. 34476	□Remove
			☐ Change
			□Add
			Remove Company Compan
			☐ ☐ ☐ ☐ Add
			①Add
			□Remove
			☐ Change
			⊒Add
			□Remove

__ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 ___ 20 Signature of a member of authorized representative of a member Cynthia Tieche Typed or printed name of signee

Filing Fee: \$25.00