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## **COVER LETTER**

	gistration Sec vision of Corp		۶	
SUBJECT:	Reshemia R	cal Estate LLC.	Ł	•
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	a all correspo	ndence concerning this matter	to the following:	
		Reshemia Jones		
			Name of Person	
		Reshemia Real Estate LLC		
			Firm/Company	<del> </del>
		910 Grazie Loop		
			Address	<del>.</del>
		Davenport Fl 33837		
			City/State and Zip Code	<del></del>
		Reshemiarealestate@gmail.		
			to be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	ıll	
Reshemia Je	ones		305 7997816	
	Name of	l'Person	at ()	Telephone Number
Enclosed is	a check for th	e 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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reshemia Real estate (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 4/2/21 \_\_\_\_\_ and assigned Florida document number L21000154450 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 910 grazie loop Davenport Florida 33837 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 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:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

910 grazie loop

Davenport

Enter Florida street address

\_, Florida 33837 Zip Code 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>	Type of Action
amgr	Kenneth Moss		□Add
			■Remove
			□Change
MGR	Kenneth Moss		■Add
			□Remove
			□Change
amgr	Reshemia Jones		■Add
			□Remove
			□Change
			□Remove
			Change
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Effective date, if other than the of the date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	block does not meet:	the applicable state	filing or more than 90 atory filing requiren	(optional) days after filing.) Pursuan nents, this date will not	it to 605.0207 ( be listed as t
e record specifies a delayed effecti rd is filed.	ve date, but not an e	ffective time, at 12	2:01 a.m. on the ear	ier of: (b) The 90th d	ay after the
Dated	20	)22			
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	W/sm				
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	Signature of a memb	per or authorized rep	resentative of a memb	er	

Filing Fee: \$25.00