## L21000 162338

(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



800371283628

08/10/21--01013--009 \*\*25.00

1

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	REZULUTION LLC		
		ame of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
ROBEI	RTO GONZALEZ		
	Name of Person	_	<del></del>
GONZ.	ALEZ & ASSOCIATES ACCOUNTING	FIRM	
	Firm/Company	_	<del></del>
8270 W	/EST STATE ROAD 84		
	Address		
DAVIE	E. FL. 33324		
	City/State and Zip Code		
ROGO	мела@GMAIL.COМ		
E	-mail address: (to be used for future a	nnual report notif	ication)
For fur	ther information concerning this matte	er, please call:	
ROBEF	RTO GONZALEZ	786 at (	409-9958
	Name of Person		Area Code & Daytime Telephone Number
	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
	Enclosed is a check for the following	g amount:	
	☐ \$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy
INHS18	(2/14)		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REZULUTION LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records a Limited Liability Company)	<u></u> ]
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L21000162338	·	
'his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	for the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter t</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	City	Zip Code

## 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.

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANA C. GARCIA VARGAS		□Add
			□Remove
			■Change
			■Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			🗀 Add
			□Remove
			☐ Change

	nation, enter change(s) here: (Attach additional sheets, if necessary, HDDLE INNITIAL FROM; G. TO C.	
<u> </u>		
		<u></u>
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) block does not meet the applicable statutory filing requirements, this date v	Pursuant to 605,0207 (3)(t will not be listed as the
the record specifies a delayed effect cord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated	. 2021	
	Duna Corrie	
<u> </u>	Signature of a member or authorized representative of a member	<del></del> -
ANA C. GARCIA VA	ARGAS	
	Typed or printed name of signee	

Filing Fee: \$25.00