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(Re	questor's Name)	
— (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Div	ision of Cor	porations			
CHDIECT.	REMBAR I	PBC LLC			
SUBJECT:		Name of Lim			
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Daren Rubenfeld			
			Name of Person	-	
		Law Offices of Daren Rub	enfeld, P.A.		
	Firm/Company				
		247A Worth Avenue			
		_			
		Palm Beach, Florida 33480			
		daren@darenlaw.com	City/State and Zip Code		
		-	to be used for future annual report notification)		
For further in	iformation co	oncerning this matter, please c	all:		
Daren Ruber	nfeld		561 749-2136 at ()	\rightarrow $\frac{1}{2}$	
	Name of	f Person	Area Code Daytime Telephone Numbe	21:	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &	
	ling Address		Street Address: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

REMBAR PBC LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company		
Torida document number L21000245898		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of 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 applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter</u>	
Name of New Registered Agent:		2
New Registered Office Address:	Enter Florida street address	S
	Fle	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 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>	Address	Type of Action
MGR	Richard Alan Nicholas Tyers	6105 Seminole Gardens Circle	≣ Add
		Riviera Beach, Florida 33418	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
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			= □Remove
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			□Remove

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June 1		20	021						
record specifies a dela	ayed effective date	e, but not an o	effective tin	ne, at 12:0) l a.m. on th	e earlier of: (b) The 90t	th day at	fter the
ocument's effective d	ted in this block de	oes not meet	the applical	ble statute	ory filing rec	uirements, thi	s date will	not be li	isted as
ffective date, if oth an effective date is listed	er than the date	of filing:	6/01/2021	o date of 6	ling or more t	opti	onal)		<u>ናብ</u> ና በኃብ
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