LZZ 000022979

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:]
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2022

JUAN GARAY 10633 SHELDON ROAD TAMPA, FL 33626

SUBJECT: RB PALM HARBOR, LLC

Ref. Number: L22000022979

We have received your document for RB PALM HARBOR, LLC and your scheck(s) totaling \$25.00. However, the second sec check(s) totaling \$25.00. However, the enclosed document has not been filled ... and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS**

Letter Number: 022A00016572

Tease See last Deages. Juan Ga

www.sunbiz.org

COVER LETTER

	gistration Se ision of Cor						
eno neet.	RB PALM	HARBOR					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	imitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Juan Garay					
			Name of Person				
		RB Palm Harbor			<u> </u>	2022 AUG 2	
			Firm Company		25- 25-	2	
		10633 Sheldon Road			22 1 20 1	9	
			Address		SET E	PH	
		Tampa - Florida 33626				կ։ 03	
			City State and Zip Code		i1	ယ	
		sam.garay@rainingberries.c					
		E-mail address: (to be used for future annual report not	ification)			
For further in	iformation c	oncerning this matter, please ea	all:				
Juan Garay			407 274-7724				
	Name o	f Person	Area Code Daytii	ne Telephone Number	_		
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Copy (additional copy	"Status & oy		
	iling Addres		Street Address:				
	gistration S vision of C	Section Torporations	Registration Section Division of Corporations				
	D. Box 632	•	The Centre of				
Ta	llahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RB Palm Harbor, LLC			
(Name of the Limited L (A F	iahility Compa lorida Limited l	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liabil lorida document number L22000022979	ity Company	were filed on January 10, 2022	and assigned
his amendment is submitted to amend the following	ng:		
If amending name, enter the new name of the	e l <u>imite</u> d lia <u>b</u>	ility company here:	
ne new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "\.C."
nter new principal offices address, if applicable	2:	10633 Sheldon Road	072 A
Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33626	
			729 F
nter new mailing address, if applicable:		10633 Sheldon Road	SEE-1
Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33626	03
. If amending the registered agent and/or regis gent and/or the new registered office address ho	ere:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	uan Garay		
New Registered Office Address:	0633 Sheldon		
		Enter Florida street address	
<u></u>	Tampa 		da 33626
		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>	Name	Address	Type of Action
MGR	Juan Garay	10633 Sheldon Road	□Add
		Tampa, FL 33626	□Remove
		from AMBR to MGR	⊞ Change
AMBR	Chad Snead	7808 Stoney Hill Dr.	
		Wesley Chapel, FL 33545	Add 70222
		·	
AMBR	Manuel Santana	3009 Clover Blossom Circle	SEE. FLOAG
		Land O Lakes, FL 34638	-
			[] Change
AMBR	Edwin E Rivera	3144 Granite Ridge Loop	□Add
		Land () Lakes, FL 34638	■Remove
			□Change
MGR	lan Clementson	5661 E. Fowler Aveue	
		Temple Terrace, FL 33617	■Remove
			□Change
			□Add
			□ Remove
			[]Change

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Effective date, i	if other than the	date of filing	g:			(opti	onal)		
f an effective date i Note: If the date	is listed, the date must inserted in this bl	st be specific and lock does not n	cannot be pricated the learning term of the learnin	or to date of fi cable statute	ing or more the	in 90 days after iirements, this	filing.) Pursi date will n	ot be li	05.0207 sted as (
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Dated <u>Av</u>	gvst 15		202	5.					
•	,		79),	D.	_				
		Signature of a	number or aut	horized repre	sentative of a n	nember			

Filing Fee: \$25.00