122000047481

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer (FMG) 3/17/20
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2022 MAR 18 PH 4: 35
SECRETARY OF STATE



March 14, 2022

REINERIO LINARES 14606 MONDAVI CT TAMPA, FL 33626

SUBJECT: RELIME REALTY, LLC

Ref. Number: L22000047481

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you wish to remove Reinerio Linares as registered agent, a new registered agent must be added.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Letter Number: 722A00006008

Querida R Silas Regulatory Specialist II

www.sunbiz.org

www.sumbiz.org

COVER LETTER

RECEIVED

Registration Section TO: Division of Corporations 2022 MAR -8 AM 8: 07 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: IME REALTY oble Mondavi C City/State and Zip Code

City/State and Zip Code

Cettinare S6/0 amail. Com

E-mail address: (to be used for future and und report notification) For further information concerning this matter, please call: inares at (813) 8/8-8000

Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, S30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status &

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 18 PM 4: 35

RELIME REALTY	, LLC_	SECRETARY OF STATE	
(Name of the Limited Liability Com	pany as it now appe	SECRETARY OF STATE Dears on our records AHASSEE, FL	
The Articles of Organization for this Limited Liability Compar	ny were filed on _	1/24/2022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company	y he <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the	the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our	ur records, <u>enter the name of the new reg</u>	i <u>stered</u>
<u> </u>			
New Registered Office Address:	Enter 1	r Florida street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance as provided for i	ce of my duties, and I am familiar with an in Chapter 605, F.S. Or, if this documen	а

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name Authorized Person	Address Authorized person address I	vpe of Action
<u>AP</u>	Reinerio Linares	Address Authorized person address I 14606 Mondavi Ct., Jampa, FL 336	TI Add
			□Remove
			_ □Change
<u> </u>	Sofia Linares		_ 🗆 Add
		14606 Mondavi Ct. Tampa FL 33626	Remove
			_
			_□Add
			Remove
			_ □Change
			_ □Add
		_	_ □Remove
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			_□Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The Sunbir System made me only the
authorized agent. I am the only
Authorized agent. I am the only Authorized person too. I am removing my daughter as V.P.
new Acushter as V.P.
- recy away is
Plase Change amend a/5/c/p.
That many would to the
I am an Medical pr. I am buying
my own office building and These DOC)
I am an Medical PR. I am buying my own office building and these DOCS are needed as time isn't on my Side.
Thornks.
1.
Please Disregard Previous papers I sent.
T- Sent.
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 March 2 2022.
Jay home.
Signature of a member or authorized representative of a member
Reinerio Linares

Filing Fee: \$25.00