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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 MAY-11 10:50 AM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reiki Rentals, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacquelyn Riobe  
Name of Person

Reiki Rentals, LLC  
Firm/Company

10481 NW 18th Pl.  
Address

Pembroke Pines FL 33026  
City/State and Zip Code

ReikiRentals@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelyn Riobe at (954) 647-1009  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**Street Address:**

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**

BEIKI RENTALS LLC

(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 4/11/22 and assigned Florida document number 22000172179

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."

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:

JACQUELYN ANN RIOBE

→ New Registered Office Address:

→ 10481 NW 18<sup>th</sup> Place

Enter Florida street address

Pembroke Pines

City

Florida

33026

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.

Jacquelyn A Riobe

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>	<u>Type of Action</u>
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AMBR	GERALD MAYERHOFF	10481 NW 18 <sup>th</sup> Pl Pembroke Pines Fla 33026	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	PAULA ALIBRANDI	4153 SW 137 <sup>th</sup> Ave DAVIE FL 33026	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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100-211 11 9:51

(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)

✓

Dated 5/1/23

Paula Alibrandi

Signature of a member or authorized representative of a member

PAULA ALIBRANDI

Typed or printed name of signee

**Filing Fee: \$25.00**