○ 08/09/2022 11:30 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

→ 18506176383

(((H22000268998 3)))



H220002689983ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REX LEGAL LLC Account Number : I20210000159 Phone : (786)491-4307 Fax Number : (786)373-3250

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMAY NON R&R CONSULTANTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

3822 AU

Electronic Filing Menu Corporate Filing Menu

Help

AUG 10 2022 T. LEMIEUX

COVER LETTER

7/2022 11:00 AM	1/863/33250	→ 18506176383	
		COVER LETTER	
TO: Registratio Division of	n Section Corporations	•	
	 ' NON R&R CONSULTANTS L	.c :	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	George Jovanovic		
		Name of Person	
	Rex Legal LLC		
	<u> </u>	Firm/Company	
	66 W Flagler Suite 900		
		Address	
	Miami, FL 33130		
	info@rexlegal.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report no	tification)
For further informati	on concerning this matter, please o	call:	
George Jovanovic		786 3053105 at ()	
Na	me of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fe	e S30.00 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)
<u>Mailing Ad</u> Registrati	dress; on Section	Street Address; Registration S	
Division o	of Corporations	Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AMAY NON R&R CONSULTANTS LLC	<u> </u>	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000175904</u> .	any were filed on 04/12/2022	and assigned
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 L	liability Company," the designation "LLC" or the	bbreviation "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 offi agent and/or the new registered office address here:	ice address on our records, <u>enter the nai</u>	ne of the new registered
Name of New Registered Agent:		22
New Registered Office Address:		200
	Enter Florida street address , Florida	-9 P
	City	⊤Zip Code ×
New Registered Agent's Signature, if changing Registered Ag		TATE OF THE PROPERTY OF THE PR
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and I am as provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

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>	Address	Type of Action
AMBR	DANIELLA A. CLARKE	3625 NW 82ND AVE SUITE 100 K	
		DORAL. FL 33166	🗏 Remove
			□Change
			□Add
			Remove
		<u></u>	□Change
			□Add
			Remove
			□Change
			Remove
			□Change
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

		·			
·					
	<u> </u>				
		-			<u> </u>
				<u></u>	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·				
ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this bloocument's effective date on the Department.	sk does not meet	the applicable	ис от пипу от пют	(optie than 90 days after equirements, thi	filing.) Pursuant to 605.0
record specifies a delayed effective is filed.	date, but not an e	effective time,	at 12:01 a.m. on	the earlier of: (b) The 90th day after
August 09		022			
		DaC) •		
5	ignature of a mem	ber or authorize	d representative of	a member	
			•		

Filing Fee: \$25.00