L2200	0401460
(Requestor's Name) (Address) (Address)	700413055287
(City/State/Zip/Phone #)	07/31/2301019010 **25.00
(Document Number) Certifiec Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only A. RIVERS	
AUG 2 3 2023	

TO: Registration Section Division of Corporations

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SUBJECT: RIGOR BATH & MORE LLC Name of Lamited Liability Company

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Roger RUIZ at (786) 574-0810 Northe 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 tadditional 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			
Name of the Limited Liability Company (A Florida Limited Li	& More LLC ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 22000401460</u>	were filed on $09/14/2022$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u> <u>REGOR MASTER SE</u> The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records. <u>enter the name of the new registered</u>		
Name of New Registered Agent:	Enter Florida street address		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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Zip Code

Page 1 of 3

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

MGR = Manager

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AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
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			[] Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)

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Note:	tive date, if other than the date of filing: $07/31/2023$ (optional) flective 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 605.020 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.)7 (3 ((b) is the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.	of:
Dated	07/31/2023	

Roger RUIZ Typed of printed name of signee

Signature of a gember or authorized representative of a member

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Filing Fee: \$25.00