

L22000535856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

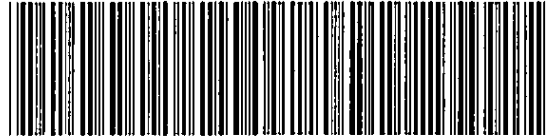
(Business Entity Name)

(Document Number)

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12/18/23--01020--020 **25.00

2023 DEC 18 PM 10:13

Handwritten signature or initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RINEHART SURF 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:

Grace de la Gueronniere, Esq.

Name of Person

Gueronniere, P.A.

Firm/Company

11863 Wimbledon Circle, #518

Address

Wellington, Florida 33414

City/State and Zip Code

Grace@gueronnierelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grace de la Gueronniere, Esq.

561 670-1307

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RINEHART SURF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20231118 11:10:13

The Articles of Organization for this Limited Liability Company were filed on 12/23/2022 and assigned
Florida document number L22000535856.

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:

11863 Wimbledon Circle, #518

(Principal office address MUST BE A STREET ADDRESS)

Wellington, Florida 33414

Enter new mailing address, if applicable:

11863 Wimbledon Circle, #518

(Mailing address MAY BE A POST OFFICE BOX)

Wellington, Florida 33414

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:

Grace de la Gueronniere

New Registered Office Address:

11863 Wimbledon Circle, #518

Enter Florida street address

Wellington

, Florida 33414

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.

grace de la Gueronniere

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>
AR	LISE DU BUISSON	1F1/26 MILTON STREET	<input type="checkbox"/> Add
		EDINBURGH, EH8 8HE GB	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hope G Rinehart	11863 Wimbledon Circle, #518	<input checked="" type="checkbox"/> Add
		Wellington, Florida 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN Number: 92-2774921

F. 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 Thursday, December 14, 2023.



Signature of a member or authorized representative of a member

DOMINIQUE C SHUMINOV

Typed or printed name of signee