L23000048057

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) ON ONE (ON THE ME)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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600409737156



July 25, 2023

JAMES BODDU 79 SW 12TH ST 3106 MIAMI, FL 33130

SUBJECT: 3 R REWIND. RESTORE. REJUVENATE LLC

Ref. Number: L23000048057

We have received your document for 3 R REWIND. RESTORE. REJUVENATE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

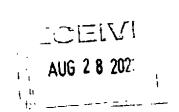
The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 523A00016685



COVER LETTER

SUBJECT: 30	Rewind Rc	store Rejuve	nate LLC
	BJECT: 3R Reund Rostore Requirenate LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. asserterum all correspondence concerning this matter to the following: Same		
	Division of Corporations MECT: 3R Reund Restore Requirement and East States Requireme		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	James		
		Firm/Company	
	79 SW	12th St Apt Address	3106 Sowth
	Miam	FL 331	30
	3 C 000 de	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information cor	ncerning this matter, please ca	all:	
Natalys Fo.	nticiella	at (<u>786</u>) <u>213</u> Area Code Daviim	LO 49 e Telephone Number
S25.00 Filing Fee	~	Certified Copy	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ection		ction
Division of Corporations		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3K Rewind	1 Resta	re	Rejuvenate	· LL	Z
(Name of the Limited Li (A Fl	iability Company as Iorida Limited Liabil	it now app ity Compai	nears on our records.) ny)		
The Articles of Organization for this Limited Liabili Florida document number <u>L 23000</u> 6	ity Company were <u> 4</u> 8057	e filed on	January 25,	2023 and as	signed
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability	company	<u>r here</u> :		
The new name must be distinguishable and contain the words	"Limited Liability Co	əmpany," t	he designation "LLC" or the	abbreviation "L	IC."
Enter new principal offices address, if applicable	: <u> </u>				
(Principal office address MUST BE A STREET AL	DDRESS)			.	
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
			<u></u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ess on ou	r records, <u>enter the na</u>	me of the ne	w registere
Name of New Registered Agent:				· (/,	? i 2
•					
New Registered Office Address:		Enter	Florida street address		<u>()</u> [3
			, Florida		
		City		Zip Code	<u> </u>
New Registered Agent's Signature, if changing Regis	tered Agent:				<u>ក</u> ្បី
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete perf ed agent as provi stered office add	ormance ded for i	of my duties, and I am n Chapter 605, F.S. Or	gree to comp familiar wi r, if this doci	ply with the th and ument 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>	Name	Address	Type of Action
MGR	Anabel Unquid	8550 SW 133 Gt	□Add
	1	8550 SW 133 ct Miani, FL 33183	Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
		;	□ Add □ Remove
			Change
			☐ □Addr?? □ ☐ ☐ □ ☐Remove
			□ Change □ Add
	<u> </u>		
			□Remove

•	
an ef ote:	ive date, if other than the date of filing:
reco	d 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
l is fi	
ated	July 22200
ated	July Ch. July
	Signature of a member or authorized representative of a member Sames V. Boddy

Filing Fee: \$25.00