# L14000191159

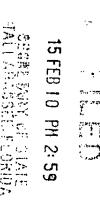
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#### COVER LETTER

TO: Registration Section Division of Corp.		# <del>**</del>	
SUBJECT: R. V. DUL	.DÚLAO, LLC., a Flori	da limited liability company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ricardo V. Duldulac		
		Name of Person	
		Firm/Company	
	10733 Cory Lake Di	rive	
		Address	
	Tampa, Florida 336	47	
		City/State and Zip Code	<del>"</del>
	ricardo.duldulao@gn	nail.com to be used for future annual report notifi	notion)
For further information cor	ncerning this matter, please c	·	cation)
Ricardo V Duldulao	teerning and matter, prease e	813 388-5974	
Name of I	Person	at ()	Telephone Number
		24,	- Company ( Company )
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		limited liability co			
(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears on our records, ibility Company)		_	
The Articles of Organization for this Limited Lia Florida document number L14000191159  This amendment is submitted to amend the follo	ability Company v			nd assign	ned
This amendment is submitted to amend the folio	wing;				
A. If amending name, enter the new name of	the limited liabil	ty company here:			
The new name must be distinguishable and end with the w	vords "Limited Liabil	ty Company," the designation "LLC"	or the abbrevia	tion "L.L	C."
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	T ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<del>.</del>				
B. If amending the registered agent and/or registered agent and/or the new registered off		ce address on our records,	enter the n	ame of	the new
Name of New Registered Agent:	Ricardo V. D	uldulao	50		, 
New Registered Office Address:	10733 Cory l	ake Drive	(7) (8) (8) (8)		پوچىدىن
		Enter Florida street address	Taker Gold	<del></del>	E.Tarregree
	Tampa	, Flor	ida <u>33647:</u>	_ <del></del>	
No Postanda de Companyo	• • • • •	City	Zip'	Code:	1 1 1
New Registered Agent's Signature, if changing R				5	<sup>ال</sup> امين ما
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this co	r and complete p tered agent as pr egistered office a	erformance of my duties, and ovided for in Chapter 605, F.	I am familia S. Or, if this	r with docum	and ent is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ricardo V. Duldulao	10733 Cory Lake Drive	■ Add
		Tampa, Florida 33647	□ Remove
AMBR	Erlinda F. Duldulao	10733 Cory Lake Drive	Add
		Tampa, Florida 33647	□ Remove
AMBR	Ricardo V. Dulduao	10733 Cory Lake Drive	
		Tampa, Florida 33647	Remove
AMBR	Erlinda F. Dulduao	10733 Cory Lake Drive	
-		Tampa, Florida 33647	Semove
			SS P P
			Adab (************************************
			<u></u>

**The member names were entered incorre is:	
DULDULAO	
Please remove incorrectly spelled name	"Dulduao" thank you.
tive data if other than the data of filing.	( <b>4</b> :a)
tive date, if other than the date of filing:  [Yective date must be specific, cannot be prior to date of receipt or filed date.]	(optional) e and cannot be more than 90 days after
fective date must be specific, cannot be prior to date of receipt or filed dat	(optional) e and cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed dat ate this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed dat late this document is filed by the Florida Department of State)  d February 6 , 2015 .	e and cannot be more than 90 days after
	e and cannot be more than 90 days after

Page 3 of 3

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