L/8000 97468 Florida Department of State

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Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number : (407)520-5473

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MOU-26-2018 16:27 From:

COVER LETTER

	egistration sco ivision of Corp						
^*! !	REY & FER	N. LLC					
SUBJECT	:	Name of Lim	ited Liability Company				
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter					
			FERNANDO DUQUE				
			Name of Person REY & FERN. LLC				
			Firm/Company 4933 LUGE LN.				
Address					; –		
		1	ORLANDO, FL 32839		C 75	RICK O	
		I	City/State and Zip Code duque471@gmail.com		1857 1878 1878 1878 1878 1878 1878 1878	36	 :
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		oncerning this matter, please c			CORTE	5 .5	
FERNANI	DO DUQUE		407 558-6451 at ()	NT	<u>\$</u>	10	
	Name of	Person	Area Code Daytink	e Telephone Number			
Enclosed is	s a check for th	e following amount:					
\$25.00	Filing Fee	S30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certifled Cop (additional copy	f Status & Dy		
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	REY & FERN. I			·
(Name of the Limited Liubit (A Florid	Lity Company as da Limited Liabili	It now арреатя ол он ty Company)	r records.)	
The Articles of Organization for this Limited Liability (Florida document number L18000197468	Company were	filed on 08/17/201	8	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability	company here:		
FERNANDO & ASSO	OCIATE HANT	YMEN LLC		
The new name must be distinguishable and contain the words "Lin	imited Liability C	ompany," the designati	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	ORESS)			P 20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	gistered office Idress here:	address on our		
		City	, 1101144	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete per l agent as prov ered office add	formance of my d vided for in Chapt	unes, ana 1 am er 605, F.S. Or	jammar with and , if this document is
	If Changlu	g Registered Agent, S	imature of New R	egistered Agent

NOV-26-2018 16:28 From:

Page 1 of 3

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
MGR	CLAUDIO, REYNES	530 NEPTUNE BAY CIR. UNIT 5	
		ST. CLOUD, FL 34769	■ Remove
		<u>.</u>	☐ Change
			□ Remove
			Change
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Page 2 of 3

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	Signature of a member or authorized	george de la company de la com	
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