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OCT 1 5 2019

COVER LETTER

RUTA 191 SUBJECT:	TRANSPORTATION SERVIC	CES, LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MISAEL CASTANEDA (GONZALEZ		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	7701 W HENRY AVENU	Firm/Company		
	TAMPA FL 33615	Address		
	RUTA19LLC@GMAIL.CO	City/State and Zip Co DM	ode	
	E-mail address: (to be used for future ann	ual report notific	eation)
For further information of	concerning this matter, please c	all:		
MISAEL CASTANEDA	A GONZALEZ	813 at ()	527-8271	
Name o	of Person	Area Code	Daytime '	Telephone Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		Certificate of Status & Certified Copy (additional copy is enclosed
	ING ADDRESS: ration Section		ET/COURIE tration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

RUTA 19 TRANSPORTATION SERVICES, LLC

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

The Articles of Organization for this Limited Liability (Company were filed on 02/12/2019	and as
The Articles of Organization for this Elimited Elability (Company were filed on	and as
Florida document number L19000043181	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
RUTA 19 REMODELING SERVICES, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	obreviation "1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	7019 E102
		2019 SE
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· 2
		;
registered agent and/or the new registered office add Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	I Marakata	
	Florida	Zip Coa
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a heing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I am f igent as provided for in Chapter 605, F.S. Or, ed office address, I hereby confirm that the lin	familiar v if this do
	If Changing Registered Agent, Signature of New Re	gistered A

Page 1 of 3

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type o
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or removed from our records:

HANDYMAN SERVICES WILL BE PERFORMED UNDER THIS FLORIDA LIMITED LIABILITY COMPANY	
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	 -
ective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the he 90th day after the record is filed.	ea
a 2/19/2019 . 5.00 tm	
\mathcal{M}	
Signature of a member or authorized representative of a member	
Misael Castaneda Gonzalez. Typed or printed namé of signee	

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Filing Fee: \$25.00