Division of Corporations

## Florida Department of Sta

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003744113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RELIABLE CONSULTING SERVICES, LLC

Account Number : I20220000017 Phone : (305)896-2248 Fax Number : (786)438-5832

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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mail Address:\_\_\_\_\_

型型 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## GARCIA RENOVATION & PAINTING LLC

Certificate of Status	()
Certified Copy	 0
Page Count	03
Estimated Charge	 \$25.00

Electronic Filing Menu Corporate Filing Menu

Help

OCT 30 2023 K. Brumbley

To: 8506176383

From: Adriana Carracedo

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# 23 000 374113

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARCIA RENOVATION & PAINTING 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 (19/29/2023)	and assigned
Florida document number L23000451220	
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 "ELC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BQX)	
<ol> <li>If amending the registered agent and/or registered office address on our records, enter the na gent and/or the new registered office address here:</li> </ol>	me of the new register
	2(
Name of New Registered Agent:	723 (
New Registered Office Address:	
Enter Florida street address	<u> </u>
, Florida _	
$ C_0$	** *** ** *
lew Registered Agent's Signature, if changing Registered Agent:	Zip Coge 、

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.

To: 8506176383

From: Adriana Carracedo

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## 423 000 3741 13

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	ERNESTO GARCIA	6769 CAMELIA DR	<b>≅</b> Add
		MIRAMAR, FL 33023	□Remove
			□Change
MGR JULIO CESAR GARCIA NAZCO	JULIO CESAR GARCIA NAZCO	6769 CAMELIA DR	<b>≅</b> Add
		MIRAMAR, FL 33023	
		<del>-</del>	□ Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
		<del> </del>	Change
***************************************			
	·		□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 OCTOBER 25TH Signature of an ember or authorized representative of a member RODOLFO GARCIA, MGR

Filing Fee: \$25.00

Typed or printed name of signee