

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number: I20070000099

Phone : (954)478-2706 Fax Number : (954)934-0334

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

### R & C REMODELATIONS LLC.

Certificate of Status	1
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12/29/2008

CR2E079 (5/06)

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: R&C REMODELATIONS LLC				
(Name of Limited Liability Company)				
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for			
Please return all correspondence concerning this matter to:	,			
SONIA ALVAREZ				
(Contact Person)	-			
R & C REMODELATIONS LLC	-			
(Firm/Company)				
921 LYONS RD APT 3201				
(Address)	-			
COCONUT CREEK, FL 33063				
(City/State and Zip Code)	-			
For further information concerning this matter, please call:				
SONIA ALVAREZ at (_954	263-9431 & Daytime Telephone Number)			
(Name of Contact Person) (Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I				
\$25 Filing Fee	55 Filing Fee &			
	Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	•			

08 DEC 29 AM 8: 12

# ARTICLES OF AMENDMENT

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION TALL AHASSEE FLORIDA **OF** 

	C REMODELAT			
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears ( lability Company)	on our records.)	
The Articles of Organization for this Limited L.	iability Company	were filed on 05/01	2006	and assigned
Florida document number L06000044639	· .			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and end wit	th the words "T imi	ted Liability Company	" the decimation	"YY C" or the abbrariation
"L.L.C."	iii iiie wolds Liiiii	ted Lizonity Company	, mo designator	DEC Of the apple viation
Enter new principal offices address, if applic	able:	SONIA T ALVARI	Z	
(Principal office address MUST BE A STREET ADDRESS)		921 LYONS RD APT 3201, COCONUT CREEK,		
		FL-	33063	
				•
Enter new mailing address, if applicable:		<del>-, </del>		
(Mailing address MAY BE A POST OF FICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of			r records, <u>ente</u>	r the name of the nev
		_		
Name of New Registered Agent:	Hispanu	th state Ro		
New Registered Office Address:	1919 Nor	th state Ro	7 Suite 2	201 C
•	Margate	•		ŕ
		(City)	,	33 06-3 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager MGRM = Managing Member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	SONIA T ALVAREZ	921 LYONS RD, APT 3201. COCONUT CREEK, FL 33063	Add Remove
MGRM	ROBIN JACINTO	921 LYONS RD, APT 3201, COCONUT CREEK, FL 33063	Add Remove
	·		Add Remove
<del></del>	, , , , , , , , , , , , , , , , , , ,		Add Remove
<del></del>			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	OBDEC 29 AM
Dated	Signature of a r	nember or authorized representative of a member	1980 S. 7
		dia Montesinos Typed or printed name of signee	

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Filing Fee: \$25.00