

LOG 000000 3550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

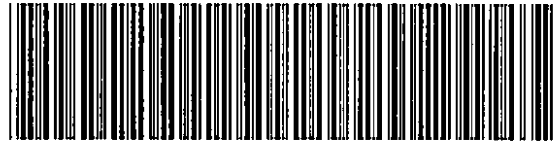
(Business Entity Name)

(Document Number)

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2019 OCT -7 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKEP

OCT 23 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L & R Plastering, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ubaldo Loyola

Name of Person

L & R Plastering, LLC

Firm/Company

4718 Lighterwood Way

Address

Valrico, Florida 33596

City/State and Zip Code

LRPlastering@hccs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Loyola

Name of Person

at ( 813 )

Area Code

431-8221

Daytime Telephone Number

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 ORGANIZATION  
OF**

L & R Plastering, LLC

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

Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
a document number \_\_\_\_\_.

A amendment is submitted to amend the following:

**amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_ name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

Principal office address MUST BE A STREET ADDRESS

**new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX

**If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

**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 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.*

\_\_\_\_\_  
**If Changing Registered Agent. Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Ordaz	1213 Sullivan Lane Dr.	<input type="checkbox"/> Add
		Tampa, Florida 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

7/31/19

**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.

Dated September 15, 2019.

Abaldo Loyola

Typed or printed name of signee