

L08000048101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 MAR 24 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 25 2016  
J. HARRIS

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

Please find form attached for the change in business name from:

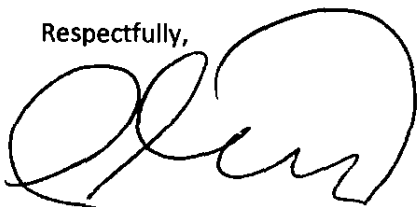
Red Brush Services of Florida llc

To

ARNA General/CONTRACTOR LLC

Please feel free to contact me at (407)802-8762 for any additional information needed.

Respectfully,

A handwritten signature in black ink, appearing to read 'Pablo Arnaud', with a large, stylized loop at the end.

Pablo Arnaud

14350 New Blossom Lane

Winter Garden, FL 34787

Parnaud373@hotmail.com

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RED BRUSH SERVICES OF FLORIDA 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:

Pablo Arnaud

Name of Person

RED BRUSH SERVICES OF FLORIDA LLC

Firm/Company

14350 New Blossom Lane

Address

Winter Garden, FL. 34787

City/State and Zip Code

parnaud373@hotmail.com

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

For further information concerning this matter, please call:

Pablo Arnaud

at ( 407 ) 802-8762

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RED BRUSH SERVICES OF FLORIDA 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 05/14/2008 and assigned  
Florida document number L08000048101.

This amendment is submitted to amend the following:

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

ARNA General Contractor LLC

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

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FLORIDA

**B. 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

**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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**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.

(b) The 90th day after the record is filed.

Dated January 25, 2016

Signature of a member or authorized representative of a member

Pablo Arnaud

Typed or printed name of signee

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