To: 8506176383

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.

(((H21000113048 3)))



H210001130483ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number : (407)520-5473

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

Email Address: ELoicop

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ELDILO APPLIANCES REPAIR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 HAR 22

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COVER LETTER

SUBJECT: RIDILO APPLIANCES REPAIR, 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:			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return sil correspondence concerning this matter to the following:			
ELOY DIAZ - LOPEZ			
Name of Person			
ELDILO APPLIANCES REPAIR, LLC			
Firm/Company			
724 MALONY LN			
Aildress			
ORLANDO, FL 32825			
City/State and Zip Code			
ELDILOY@YAHOO.COM			
E-mail address: (to be used for fitture annual report notification)			
For further information concerning this matter, please call:			
ELOY DIAZ - LOPEZ 407 953-0228 at ()	_		
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & y		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ELDILO APPLIANCES REPAIR, LLC		
-	(Name of the Limited Liability Company (A Florida Limited List	as it new appears on our records.) olity Company)	
The Articles of	Organization for this Limited Liability Company we ent number L09000117298	ere filed on 12/09/2009	and assigned
	nt is submitted to amend the following:		
A, If amendi	ig name, <u>enter the new name of the limited liubili</u> t	y company kere:	
FLDILO SERV	 NCES LLC	•	
The new name m	ust be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new pri	ncipal offices address, if applicable:		
(Principal offi	ce address MUST BE A STREET ADDRESS)		
Mailing addr	ailing address, if applicable: <u>ess MAY BE A POST OFFICE BOX)</u> ng the registered agent and/or registered office ad	dress on our records, <u>enter the name</u>	of the new registered
agent and/or	the new registered office address here:		
<u></u>	e of New Registered Agent:	X X	2
<u>New</u>	Registered Office Address:	Enter Florida street address	第 2
		, Florida	Zip Code Sil
New Register	ed Agent's Signature, if changing Registered Agent:	, C 1 201	. <u>Q</u> ` ≥ ∰
provisions of accept the ob- being filed to	ept the appointment as registered agent and agree all statutes relative to the proper and complete p ligations of my position as registered agent as pr merely reflect a change in the registered office of been notified in writing of this change.	covided for in Chapter 605, F.S. Or, i	if this document is
	If Chang	ging Registered Agent, Signature of New Reg	nstered Agent

_____ Change

4045205473 To:8506176383 Page:4/5

If amending A or removed fr	uthorized Person(s) authorized to om our records:	manage, enter the title, name, and	address of each person being added
MGR = Mai AMBR = Au	ager horized Member		-
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			□Сһапув
			□Add
			□Remove
			Change
			□Remove
			□Add
			□ Change
			
			□Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E Effect	ive date, if other than the date of filing:
(If an ef Note:	rective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the pent's effective date on the Department of State's records.
If the reco	d 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 led.
Dated	MARCH 17 2021
	Signature of a member or authorized representative of a member
	ELOY DIAZ LOPEZ Typed or printed name of signee