

#L11000045044

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FILED
11 JUN 30 AM 8:30
RECEIVED OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 1 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2011

COMPLETEFINISHINGBYR.D.R.K., LLC
RICHARD FABER
3216 WALTON RD.
APOPKA, FL 32703

SUBJECT: COMPLETEFINISHINGBYR.D.R.K, LLC
Ref. Number: L11000045044

We have received your document for COMPLETEFINISHINGBYR.D.R.K, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000097612 "COMPLETE FINISHING INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 311A00009577

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: COMPLETE FINISHING BY R.D.R.K.
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:

RICHARD FABER
Name of Person
COMPLETE FINISHING BY R.D.R.K.
Firm/Company
3216 WALTON RD.
Address
APOPKA FL. 32703
City/State and Zip Code
DFABER88@G.MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD FABER at (407) 970-3561
Name of Person Area Code & 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
11 JUN 30 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMPLETE FINISHING BY R.D.R.K.

(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 4-15-11 and assigned Florida document number L11000045044

This amendment is submitted to amend the following:

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

COMPLETE FINISHING ~~XXXXXXXXXX~~ BY RDR, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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 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

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KENNY MEGGS	527 EASTPORT DR. LONGWOOD FL. 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I WOULD LIKE THE NAME TO BE "COMPLETE FINISHING".

Dated APRIL 15, 2011.

Richard Faber

Signature of a member or authorized representative of a member

RICHARD FABER

Typed or printed name of signee