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EXAMINER



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COVER LETTER

TO:

Registration Section
Division of Corporations

Vargas Floor & Paint, 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:

Sergio Vargas

Name of Person

Vargas Floor & Paint, LLC

Firm/Company

12555 Biscayne Blvd 755

Address

North Miami, FL 33181

City/State and Zip Code

sergio.vargas1@yahoo.com

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

For further information concerning this matter, please call:

Sergio Vargas

305,968-5316

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

Vargas Floor & Paint, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000041991</u> .	y were filed on June 25	, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Vargas General Construction LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/M)> ₂ ,
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	V-9 AMII: 29 ANSSEE, FLORID
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> : 1 <u>A</u> 7	
	Enter Flor	ida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Address **Title Type of Action** <u>Name</u> Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar)		
	N/A	
Dated _	November 7	
	Signature of a member or both or ized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00