

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ad                     | idress)            |             |
| (Cil                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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FALLARASSEE TLORING

B. BOSTICK DEC 1 2 2013

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

PICOIS

# RICO'\$ PROFESSIONAL SERVICES 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:

## FEDERICO ORTIZ

Name of Person

## OZ-MAR ENTERPRISES LLC

Firm/Company

13901 SW 279TH. LN.

Address

HOMESTEAD, FL. 33032

City/State and Zip Code

RICOZMAR@YAHOO.COM

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

For further information concerning this matter, please call:

FEDERICO ORTIZ

<sub>...</sub>786、970-7999

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

#### **RICO'S PROFESSIONAL SERVICES 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 Liab Florida document number L12000068558  | oility Company v                                       | were filed on 04/20/2013                                      |                                      | and assig               | ned                 |
|--|--|---|--------------------------------------|-------------------------|---------------------|
| This amendment is submitted to amend the follow  | ving:  |   |                                      |                         |                     |
| A. If amending name, enter the new name of t   | he limited liabi                                       | lity company here:  |                                      |                         |                     |
| The new name must be distinguishable and end with "L.L.C."   | the words "Limite                                      | ed Liability Company," the designa                            | tion "LLC"                           | or the ab               | breviation          |
| Enter new principal offices address, if applical   | ole:   |   |                                      |                         |                     |
| (Principal office address MUST BE A STREET   | ADDRESS)   |   | 3                                    | 5.5                     |                     |
|  |  |   | ir-                                  | (E)                     |                     |
| Enter new mailing address, if applicable:  |  | 13901 SW 279TH. LANE  | (5)<br>(7)<br>(2)<br>(7)<br>(7)      | ф                       |                     |
| (Mailing address MAY BE A POST OFFICE B  | ox)  | HOMESTEAD, FL. 3303   | <br>2                                |                         |                     |
| Muning andress MAT BE ATOST OFFICE B   | <u>077</u>   |   |                                      | - <del>13</del><br>- 13 |                     |
| B. If amending the registered agent and/or registered agent and/or the new registered offi   |  |   | nter_the                             |                         | the new             |
| Name of New Registered Agent:  | OZ-MAR EN  | NTERPRISES LLC  |                                      |                         |                     |
| New Registered Office Address:   | 13901 SW 2   | 279TH. LANE   |                                      |                         |                     |
| New Registered Office Address.   |  | Enter Florida stre  | et address                           | 5                       |                     |
|  | HOMESTE  | AD Flori  | ida 3303                             | 2                       |                     |
|  |  | City  |                                      | Zip Code                |                     |
| New Registered Agent's Signature, if changing Re   | gistered Agent:  |   |                                      |                         |                     |
| I hereby accept the appointment as registered<br>the provisions of all statutes relative to the pro-<br>accept the obligations of my position as regist<br>being filed to merely reflect a change in the re<br>company has been notified in writing of this co | oper and compl<br>tered agent as p<br>egistered office | ete performance of my duties, corovided for in Chapter 608 F. | <del>and Lam</del> j<br>S. Or, if th | familiar v<br>his docun | with and<br>nent is |

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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> | Name           |  | Type of Action |
|--------------|----------------|--|----------------|
| MGRM         | FEDERICO ORTIZ | 13901 SW 279TH. LANE   | Add            |
|              |                | HOMESTEAD, FL. 33032   |                |
|              |                |  | -              |
|              |                |  | Add            |
|              |                |  | Remove         |
|              |                |  | -              |
|              |                |  | _ L Add        |
|              |                |  | Remove         |
|              |                | SA CONTRACTOR OF THE CONTRACTO | Add            |
|              |                | 2.<br>2.   | Remove         |
|              |                |  |                |
|              |                |  | Add            |
|              |                |  | Remove         |
|              |                |  |                |
|              |                |  | Add            |
|              |                |  | Remove         |
|              |                |  |                |

| mending an  | y other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------|--|
| -           |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             | 12/3,2013.   |
|             |  |
|             | Signature of a member or authorized representative of a member                       |
| ~ -         | Signature of a member or allihorned representative at a member                       |
| <del></del> | ANISHA ORTIZ- CONZALEZ  Typed or printed name of signee                              |

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Filing Fee: \$25.00

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