

L12000068558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

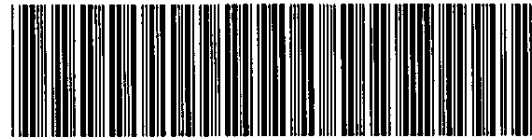
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RICO'S 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:

ANISHA ORTIZ-GONZALEZ

Name of Person

RICO'S PROFESSIONAL SERVICES

Firm/Company

13901 SW 279 LN

Address

HOMESTEAD, FL 33032

City/State and Zip Code

ANISHA@RICOSPRO.COM

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

For further information concerning this matter, please call:

ANISHA ORTIZ-GONZALEZ

at ( 786 ) 202-4032

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

## RICO'S PROFESSIONAL SERVICES

Page 1 of 3

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>
MGRM	ANISHA ORTIZ-GONZALEZ	415 NW 118 ST	<input type="checkbox"/> Add
		MIAMI, FL 33168	<input checked="" type="checkbox"/> Remove
MGRM	ANISHA ORTIZ-GONZALEZ	15569 MIAMI LAKEWAY N #203	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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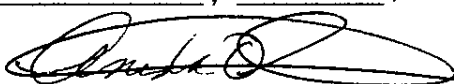
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 13, 2015



Signature of a member or authorized representative of a member

ANISHA ORTIZ-GONZALEZ

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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