

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L12000113113

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC
 Account Number : I20080000080
 Phone : (305) 642-1090
 Fax Number : (305) 642-1010

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

Email Address: Jhony Casta @ Live . com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 TONY CASTANEDA COMPANY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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 15 JUN 17 AM 8:18
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 15 JUN 17 PM 3:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JUN 18 2015
 J. HARRIS

(H150001789433)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TONY CASTANEDA COMPANY, 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:

TONY O. CASTANEDA CRUZ

Name of Person

MANAGER

Firm/Company

740 NW 28TH AVE APT 2

Address

MIAMI, FL. 33125

City/State and Zip Code

JHONYCASTA@LIVE.COM

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

For further information concerning this matter, please call:

TONY O. CASTANEDA CRUZ

at 786 499-6032

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

(H150001489433)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TONY CASTANEDA COMPANY, 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 Liability Company were filed on 09/04/2012 and assigned
Florida document number L12000113113.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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TALLAHASSEE, FLORIDA

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: SONIA VARELA

New Registered Office Address: 740 NW 28TH AVE APT 2

Enter Florida street address

MIAMI


City

, Florida 33125

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	SONIA VARELA	870 NW 18 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TONY O. CASTANEDA CRUZ	740 NW 28 AVE APT 2	<input type="checkbox"/> Add
		MIAMI, FL. 33125	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

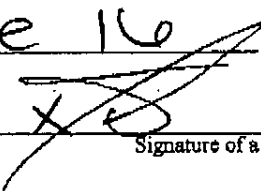
E. Effective date, if other than the date of filing: N/A (optional)

(If an effective 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 16, 2015


Signature of a member or authorized representative of a member

TONY O. CASTANEDA CRUZ

Typed or printed name of signer

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Filing Fee: \$25.00

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