

L12000116DL9

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

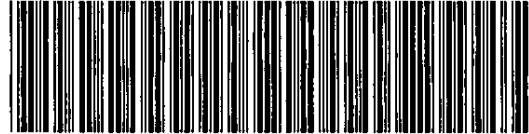
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FILED
16 AUG 31 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROBERT WINGATE & ASSOCIATES 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:

ROBERT WINGATE

Name of Person

ROBERT WINGATE & ASSOCIATES LLC DBA SRQ FINISHING COMPAN

Firm/Company

PO BOX 110493

Address

BRADENTON, FL 34211

City/State and Zip Code

SRQFINISHING@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT OR CRISTINA WINGATE

941 914-7736/7735
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

ROBERT WINGATE
PO BOX 110493
BRADENTON, FL 34211

SUBJECT: ROBERT WINGATE & ASSOCIATES, LLC
Ref. Number: L12000116069

2016 AUG 31 PM 1:57
TALLAHASSEE, FLORIDA

We have received your document for ROBERT WINGATE & ASSOCIATES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The entity's date of incorporation/organization must be listed in the document.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00017466

FILED
16 AUG 31 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ROBERT WINGATE & ASSOCIATES 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 9/10/12 and assigned Florida document number L12000116069.

This amendment is submitted to amend the following:

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

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)

16	AUG	31	AM	11:02
STATE OF FLORIDA				
TALLAHASSEE				

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 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>
MGRM	ABEL PINZON	13650LUXE AVE. APT 103	<input type="checkbox"/> Add
		LAKEWOOD RANCH, FL 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SERGIO MONTERROSO	13650 LUXE AVE. APT 103	<input type="checkbox"/> Add
		LAKEWOOD RANCH, FL 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 AUG 31 PM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

8/10/14

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.

Dated AUGUST 10 2016

AUGUST 10, 2016

[Signature]

(X) / *[Signature]*

Signature of member or agent

Signature of a member or authorized representative of a member

ROBERT R WINGATE

Typed or printed name of signee

16 AUG 81 AM 11:02
SECDEF/ASST SECSTATE
TALLAHASSEE, FLORIDA