

L1300004004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

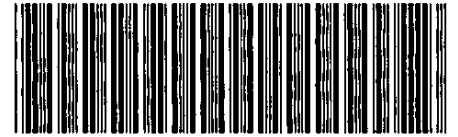
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RECEIVED
TALLAHASSEE, FLORIDA
MAR 20 2014

MAR 20

T. BRO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R+W Auto Body Works 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:

Ralph Alicea
Name of Person

R+W Auto Body Works LLC
Firm/Company

1014 Highway 92 west
Address

Auburndale FL 33823
City/State and Zip Code

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

For further information concerning this matter, please call:

Ralph Alicea at (407) 486-8160
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

February 26, 2014

RAFAEL ALICEA
R & W AUTO BODY WORKS LLC
1014 US HWY 92 WEST
AUBURNDALE, FL 33823

SUBJECT: R & W AUTO BODY WORKS LLC
Ref. Number: L13000040047

We have received your document for R & W AUTO BODY WORKS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00004334

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

14 MAR
SECRETARY
TALLAHASSEE

R+W Auto Body Works 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 7/7/13 and
Florida document number L13000090047

This amendment is submitted to amend the following:

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

R+M Auto Body Works LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME Address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter the name of the
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 Co

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 the Managers or Authorized Member on our records, enter the title, name, and address of each 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</u>
MGRM	Wanda Toro	1719 Conifer Ave Kiss. Fl. 34758	<input type="checkbox"/> / <input checked="" type="checkbox"/>
MGRM	Margarita J. Mejia	1719 Conifer Ave Kiss. Fl. 34758	<input type="checkbox"/> / <input type="checkbox"/>
			<input type="checkbox"/> / <input type="checkbox"/>
			<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> A <input type="checkbox"/> R
			<input type="checkbox"/> A <input type="checkbox"/> R
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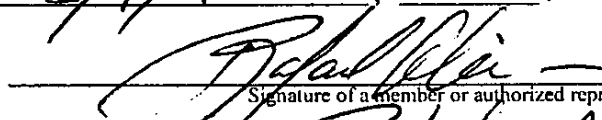
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

3/4/14



Signature of a member or authorized representative of a member

Ralph Alicen

Typed or printed name of signee