

L17 0000 76946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

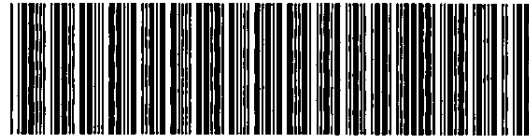
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260546127

06/02/14--01008--008 **25.00

FILED
14 JUN -2 AM 9:36
SEC. (AD) CLERK
TALLAHASSEE, FLORIDA

J. Shivers JUN 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: rc mondesir transport 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:

rivarol mondesir

Name of Person

rc mondesir transport llc

Firm/Company

1620 brilliant ct way

Address

valrico, Fl 33594

City/State and Zip Code

rcmondesir@yahoo.com

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

For further information concerning this matter, please call:

rivarol mondesir

Name of Person

at **813 412-2009**

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**

rcmondesir transport 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 05/28/13 and assigned
Florida document number L13000076946

This amendment is submitted to amend the following:

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

Mondesir enterprises llc

The new name must be distinguishable and end with 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)

1620 brilliant cut way

Valrico, FI 33594

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1620 brilliant cut way

Valrico, FI 33594

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:

rivarol mondesir

New Registered Office Address:

1620 brilliant cut way

Enter Florida street address

Valrico

City

Florida

33594

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 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>
<u>mgr</u>	<u>stephanie encarnacion</u>	<u></u>	☐ Add
		<u></u>	☒ Remove
		<u></u>	
<u>mgr</u>	<u>ronald mondesir</u>	<u></u>	☐ Add
		<u></u>	☒ Remove
		<u></u>	
<u>mgr</u>	<u>david courdeau</u>	<u></u>	☐ Add
		<u></u>	☒ Remove
		<u></u>	
		<u></u>	☐ Add
		<u></u>	☒ Remove
		<u></u>	
		<u></u>	☐ Add
		<u></u>	☒ Remove
		<u></u>	
		<u></u>	☐ Add
		<u></u>	☒ Remove
		<u></u>	

ST. JOHNS AFB
TALLAHASSEE, FLORIDA
14 JUN - 2 AM 36
RECEIVED

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 05/30/14, _____

Rivald Mondesir

Signature of a member or authorized representative of a member

RIVA ROL MONDESIR

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 JUN -2 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA