

L13000126645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

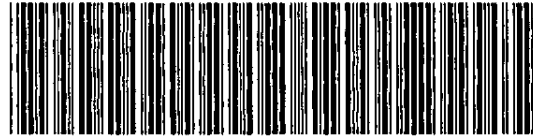
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMUEL ROBLES REMODEL & RENOVATIONS 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:

SAMUEL ROBLES
Name of Person

SAMUEL ROBLES REMODEL & RENOVATIONS LLC.
Firm/Company

8003 DRESSAGE DR
Address

ORLANDO FLA 32818
City/State and Zip Code

SRREMODELANDRENOVATIONS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL ROBLES at (407) 272-4340
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

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

SAMUEL ROBLES REMODEL RENOVATIONS 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 Sept 9 2013 and assigned
Florida document number L13000126645.

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 end with the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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 608, 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

MGR = Manager
MGRM = Managing Member

MGRM SAMUEL ROBLES JR 7249 Woodridge Park ☒ Add
Dr Apt 301 Orlando ☐ Remove
FLA 32818

MGRM CAESAR ANTHONY NIEVES ☒ Add

8003 DRESSAGE Dr ☐ Remove

Orlando FL 32818

_____ ☐ Add
 _____ ☐ Remove

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SEBASTIAN J. WHITE
TALLAHASSEE, FLORIDA

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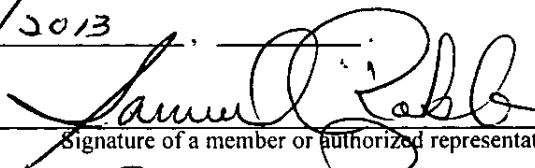
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

•
•
•

Dated

9/24/2013


Signature of a member or authorized representative of a member

SAMUEL ROBLES
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA