

**L1300016139d**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H14000110501 3)))



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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : I20110000070  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**RFYFP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	<b>\$25.00</b>

**RECEIVED**

**14 MAY -8 AM 11:47**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
**2014 MAY -8 AM 8:12**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gungor MAY -9 2014

**H14000110501 3**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RFYFP 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:

**MOSES NAE**

Name of Person

**ACCOUNTANT & MANAGEMENT INC**

Firm/Company

**1549 NE 123RD ST**

Address

**NORTH MIAMI, FL 33161**

City/State and Zip Code

**INFO@TAXLEAF.COM**

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

For further information concerning this matter, please call:

**MOSES NAE**

Name of Person

**at ( 305 ) 541-3980**

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

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**H14000110501 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

FILED  
2014 MAY -8 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RFYFP 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 11/18/2013 and assigned  
Florida document number L13000161392.

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

Enter new principal offices address, if applicable:

1549 NE 123RD ST

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

1549 NE 123RD ST

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL 33161

**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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD ST

*Enter Florida street address*

NORTH MIAMI

*City*

Florida 33161

*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**

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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>
MGR	IGLESIAS, LUIS	9601 COLLINS AVE	<input type="checkbox"/> Add
		MIAMI, FL 33154	<input checked="" type="checkbox"/> Remove
MGRM	PINASCO, FEDERICO FERNANDO	1549 NE 123RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
MGRM	DE FALCO, ZACARIAS	1549 NE 123RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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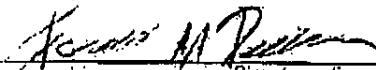
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 8TH, 2014



Signature of a member or authorized representative of a member

FERNANDO M PINASCO SR

Typed or printed name of signee

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2014 MAY -8 AM 8:13  
HALL COUNTY OF STATE  
TALLAHASSEE, FLORIDA

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