

L14000053396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

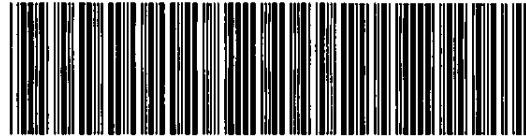
(Business Entity Name)

(Document Number)

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2014 SEP 29 AM 11:30
TALLAHASSEE FLORIDA

OCT 03 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

MIGUEL RODRIGUEZ
6473 SW 8 STREET
MIAMI, FL 33144

SUBJECT: RODRIGUEZ & ASSOCIATES, LLC
Ref. Number: L14000053396

We have received your document for RODRIGUEZ & ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "LC," "LC.,", "Ltd.," and "Co."

The document number of the name conflict is P12000046982.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 914A00019205

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RODRIGUEZ & 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:

MIGUEL RODRIGUEZ

Name of Person

RODRIGUEZ & ASSOCIATES LLC

Firm/Company

6473 SW 8 STREET

Address

MIAMI, FL 33144

City/State and Zip Code

FELIUTAX@YAHOO.COM

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

STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

MIGUEL RODRIGUEZ

Name of Person

at **(786) 247-7187**

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**

RODRIGUEZ & 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 04/08/2014 and assigned
Florida document number L14000053396.

This amendment is submitted to amend the following:

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

RODRIGUEZ & ASSOCIATES INTERNATIONAL BUSINESS 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)

211 NW 62 AVE
MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6473 SW 8 STREET
MIAMI, FL 33144

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CLERK OF STATE
TALLAHASSEE FL 32310

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.

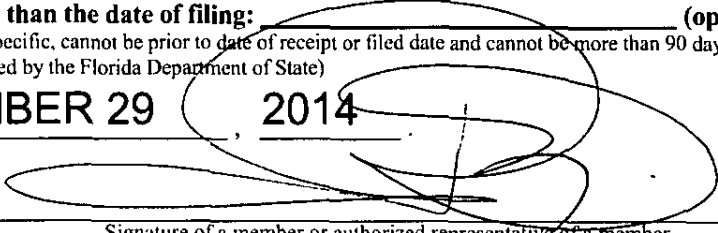
If Changing Registered Agent, Signature of New Registered Agent

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 **SEPTEMBER 29**, **2014**



Signature of a member or authorized representative of a member

MIGUEL RODRIGUEZ

Typed or printed name of signee

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TALLAHASSEE FLORIDA