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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
Rauierson Castillo Westlake and Company SUBJECT:	y CPAs and Consutants, LLC
	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	
,	-
V. Ross Spano, Esq.	1
	Name of Person
Spano & Woody, P.A.	
	Firm/Company
10101 Bloomingdale Ae., S	Ste. 201
	Address
Riverview, Florida 33578	
	City/State and Zip Code
rspano@spanowoodylaw.co	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please co	all:
V. Ross Spano, Esq.	813 677-1112
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Firing Fee & □ \$60.00 Fiting Fee, Certified Copy Certificate of Status & (additional copy is enclosed) 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 Clithon Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAULERSON CASTILLO WESTLAKE AND COMPANY CPAS AND CONSULTANTS, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on September 22, 2014	and assigned
Florida document number L14000148300		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
RAULERSON CASTILLO AND COMPANY CPAS AND CONSUL	TANTS, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		<u> 20</u> 20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u> </u>	er the name of the ne
	, Florida	
	City 	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. (m familiar with and Or, if this document is
If Chun	ging Registered Agent, Signature of New	Pagistarad Agent

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
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Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	not be listed as the
Dated July 24	
Dated	 -,
Signature of a member or authorized representative of a member	2017 2017
V. Ross Spano, Esq.	26
Typed or printed name of signee	3 7
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Filing Fee: \$25.00	± 6