

L14000191159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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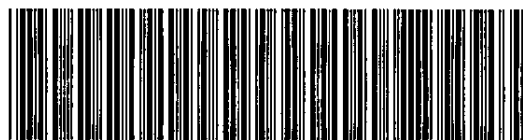
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2015  
T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 14495/99 UNIVERSITY COVE PL TAMPA FL 33613, 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:

Ricardo V. Duldulao

Name of Person

Firm/Company

10733 Cory Lake Drive

Address

Tampa, Florida 33647

City/State and Zip Code

ricardo.duldulao@gmail.com

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

For further information concerning this matter, please call:

Richardo Duldulao

Name of Person

at 813 388-5975

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

**FUENTES & KREISCHER, P.A.**  
**ATTORNEYS AT LAW**

LAWRENCE E. FUENTES  
[lef@fklaw.net](mailto:lef@fklaw.net)

1407 WEST BUSCH BOULEVARD  
TAMPA, FLORIDA 33612  
TELEPHONE (813) 933-6647  
FACSIMILE (813) 932-8588

ALBERT C. KREISCHER, JR.  
[ack@fklaw.net](mailto:ack@fklaw.net)

January 8, 2015

Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

Re: 14495/99 University Cove Pl Tampa FL 33613, LLC, Articles of Amendment

Dear Sir or Madam:

We enclose herewith the Cover Letter, Articles of Amendment to Articles of Organization of 14495/99 University Cove Pl Tampa FL 33613, LLC, together with our check for payment of the filing fee.

If anything further is needed, please contact our office.

Thank you.

Sincerely,



Donna S. Jannazzo  
Legal Assistant

/dsj  
Encls.

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

14495/99 UNIVERSITY COVE PL TAMPA FL 33613, 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 December 16, 2014

Florida document number L14000191159

This amendment is submitted to amend the following:

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

R. V. DULDULAO, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10733 Cory Lake Drive

Tampa, Florida 33647

**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**

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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>
AMBR	Ricardo V. Duldulao	10733 Cory Lake Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
AMBR	Erlinda F. Duldulao	10733 Cory Lake Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<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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**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 January 8, 2015.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

RICARDO V. DULDULAO

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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