

L15000054555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

JUN 16 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2015

GONZALO SANTIAGO
6389 CONROY WINDERMERE ROAD, APT 1702
ORLANDO, FL 32835

SUBJECT: GONDI'S REPAIR, LLC
Ref. Number: L15000054555

We have received your document for GONDI'S REPAIR, LLC and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$1053.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CONVERTING FROM FLORIDA, but your entity is a CONVERTING TO A LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00011964

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gondi's Repair, 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:

Gonzalo Santiago

Name of Person

Central Florida Improvements LLC

Firm/Company

6389 Conroy Windermere Rd., Apt. 1702

Address

Orlando, Florida 32835

City/State and Zip Code

centralfloridaimprovements@gmail.com

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

For further information concerning this matter, please call:

Gonzalo Santiago

407 412-2474

at ()

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

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TALLAHASSEE, FLORIDA

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**TO
ARTICLES OF ORGANIZATION
OF**

GONDI'S REPAIR, 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 March 26, 2015 and assigned
Florida document number L15000054555

This amendment is submitted to amend the following:

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

CENTRAL FLORIDA IMPROVEMENTS LLC

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

Enter new principal offices address, if applicable:

6389 Conroy Windermere Rd., Apt. 1702

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32835

Enter new mailing address, if applicable:

6389 Conroy Windermere Rd., Apt. 1702

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, Florida 32835

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:

Gonzalo Santiago

New Registered Office Address:

6389 Conroy Windermere Rd., apt. 1702

Enter Florida street address

Orlando

Florida 32835

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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FLORIDA

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	Gonzalo Santiago	6389 Conroy Windermere Rd., Apt	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

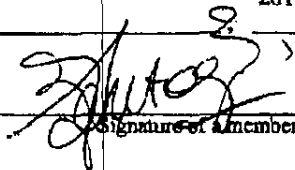
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June, 14 2015



Signature of a member or authorized representative of a member

Gonzalo Santiago

Typed or printed name of signee

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