

L15000213788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

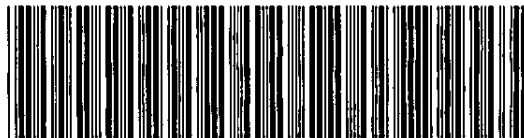
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2016 MAR -9 PM 4:24
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

R & M FRAMING, LLC

SUBJECT:

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:

Raul Rivera

Name of Person

R & M Framing

Firm/Company

3624 30th ST SE

Address

Ruskin, FL 33570

City/State and Zip Code

info@go-ips.com

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

For further information concerning this matter, please call:

Raul Rivera

941

747-4940

Area Code

Daytime Telephone Number

Name of Person

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**

R & M FRAMING, 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 12-29-2015 and assigned
Florida document number L15000213788.

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

3624 30th ST SE

Ruskin, FL 33570

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3624 30th ST SE

Ruskin, FL 33570

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:

Raul Rivera

New Registered Office Address:

3624 30th ST SE

Enter Florida street address

Ruskin

Florida 33570

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Rivera Rivera	3624 30th ST SE	<input type="checkbox"/> Add
		Ruskin, FL 33570	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Raul Rivera	3624 30th ST SE	<input checked="" type="checkbox"/> Add
		Ruskin, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lenin Mateos	3624 30th ST SE	<input checked="" type="checkbox"/> Add
		Ruskin, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 02-24-2016 (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 N/A

Paul Dineen
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Raul Rivera

Typed or printed name of signee

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TREASURY FLORIDA