

L16000006375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

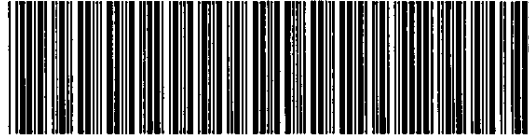
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/16--01015--007 **25.00

FILED
2016 SEP 30 PM 3:09
STATE PALM OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT - 3 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2016

FVZ DESIGN & CONSTRUCTION LLC
LUIS F CARDONA
917 WILDFLOWER RD.
DAVENPORT, FL 33837

SUBJECT: FVZ DESIGN & CONSTRUCTION LLC
Ref. Number: L16000006375

2016 SEP 30 PM 12:34
TALLAHASSEE, FL 32314

We have received your document for FVZ DESIGN & CONSTRUCTION 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 document submitted is incomplete, missing the first page of the amendment. Enclosed is the missing page for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00020060

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FVZ DESIG & CONSTRUCTION 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:

LUIS F CARDONA

Name of Person

FVZ DESIGN & CONSTRUCTION LLC

Firm/Company

917 WILDFLOWER RD

Address

DAVENPORT, FL. 33837

City/State and Zip Code

fvzdesignconstruction@gmail.com

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

For further information concerning this matter, please call:

Luis F Cardona

863 420 9443

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

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

FVZ DESIGN & CONSTRUCTION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 SEP 30 PM 3:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 8/16 and assigned
Florida document number L16000006375

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

, Florida

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>
AMBR	ZEIDY PENA	917 WILDFLOWER RD	☐ Add
		DAVENPORT, FL. 33837	☒ Remove
			☐ Change
MGR	NELSON D FRANCO	917 WILDFLOWER RD	☒ Add
		DAVENPORT, FL. 33837	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
20 SEP 20 PM 3:08
TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

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

FILED
2018 SEP 30 PM 3:05
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

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.

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

Dated

July 28, 2016

Robert Cardona
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Luis F. Cardona

Typed or printed name of signee