

L16000016341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

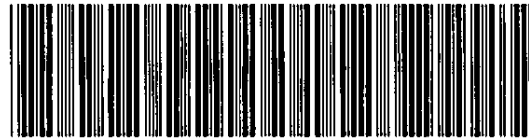
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/26/17--01013--020 **25.00

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17 JUN 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

Nelson Diaz

Name of Person

RD Window Installation Services LLC

Firm/Company

1975 Kimlyn Cir

Address

Kissimmee FL, 34758

City/State and Zip Code

nd5457076@gmail.com

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

For further information concerning this matter, please call:

Nelson Diaz

Name of Person

at (407)

Area Code

446-2571

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

(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 6/22/17 and assigned

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

R D Window Installation Services 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 6/22/17 and assigned
Florida document number L16000016341

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)

1975 Kimlyn Cir

Kissimmee, FL 34758

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

_____, 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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JUN 26 PM 1:58
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

MGR'	Diaz Gonzalez, Carlos	4147 Blackpowder way Kissimmee Fl, 34746
	<input type="checkbox"/> Add	
<input checked="" type="checkbox"/> Remove		
<input type="checkbox"/> Change		
S	Diaz Nelson	1975 Kimlyn Cir, Kissimmee Fl, 34758
<input type="checkbox"/> Add		
<input type="checkbox"/> Remove		
<input checked="" type="checkbox"/> Change		
MGR	Diaz Pedro	1975 Kimlyn Cir, Kissimmee Fl, 34758
<input checked="" type="checkbox"/> Add		
<input type="checkbox"/> Remove		
<input type="checkbox"/> Change		
MGR	Diaz Moralez Carlos	1975 Kimlyn Cir, Kissimmee Fl, 34758
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

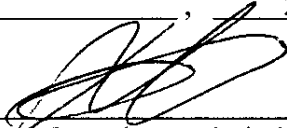
E. Effective date, if other than the date of filing: _____ (optional)

- (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 22, 2017.



Signature of a member or authorized representative of a member

Nelson Diaz

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA