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(Requestor's Name)

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(City/State/Zip/Phone #)

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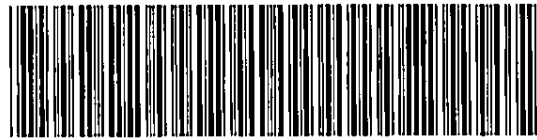
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Reingenia Consultance & Services 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:

Guillermo Galvan

Name of Person

ACCTAX Accounting & Tax Services

Firm/Company

7828 NW 44 St. Suite B

Address

Lauderhill, FL 33351

City/State and Zip Code

ataxser@yahoo.com

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

For further information concerning this matter, please call:

Guillermo Galvan

Name of Person

at (954) 839.7013

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**

Reingenia Consultance & 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 04/08/2016 and assigned
Florida document number L16000070330

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)

7828 NW 44 St. Suite B

Lauderhill, FL 33351-6206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7828 NW 44 St. Suite B

Lauderhill, FL 33351-6206

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:

Daniel H. Palacios

New Registered Office Address:

7828 NW 44 St. Suite B

Enter Florida street address

Lauderhill

City

Florida

33351-6206

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	Celene Vargas	Charles Darwing y Estadio	<input type="checkbox"/> Add
		Ruminahui, PI. 170156 EC	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel H Palacios	Av. La Paz #528, Departamento 701	<input checked="" type="checkbox"/> Add
		Miraflores, Lima, Perú	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Luis Cañon Olarte	Av. La Paz #528, Departamento 701	<input checked="" type="checkbox"/> Add
		Miraflores, Lima, Perú	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

Article VI

Daniel H Palacios, is member and has 90% of capital contribution.

Jose Luis Cañon Olarte, is member and has 10% of capital contribution.

The capital account records the participation of each member in the gains or losses of the LLC,
according to its participation in the capital of the LLC.

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

May 29

2018



Signature of a member or authorized representative of a member

Daniel Hernán Palacios Valencia

Typed or printed name of signee