

L16000126686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

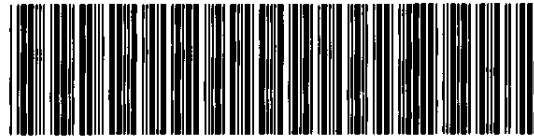
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



700293559827

700293559827
12/27/16--01004--028 **43.75

2017 JAN 23 A 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2016

LISBETT LORENZO
14969 NW 92 AVE
MIAMI LAKES, FL 33018

SUBJECT: R&L HOME IMPROVEMENT, LLC
Ref. Number: L16000126686

We have received your document for R&L HOME IMPROVEMENT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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 Warren
Regulatory Specialist II

Letter Number: 016A00027701

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R&L Home IMPROVEMENT, 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:

Lisbett Lorenzo.

Name of Person

R&L Home IMPROVEMENT, LLC.

Firm/Company

14969 NW 92 AVE Miami Lakes,

Address

FL, 33018.

City/State and Zip Code

LisbettLorenzo@yahoo.com.

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

For further information concerning this matter, please call:

Rafael Soca

Name of Person

at (786)

Area Code

873-5342

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**

R&L HOME IMPROVEMENT, 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 1/10/17 and assigned
Florida document number L16000126686.

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)

14969 NW 92 AVE.
MIAMI LAKE, FL, 33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

R&L HOME IMPROVEMENT/LLC
@ AOL.COM

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:

Lisbett Lorenzo

New Registered Office Address:

14969 NW 92 AVE

Enter Florida street address

MIAMI LAKE, Florida 33018

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.

L. By

If Changing Registered Agent, Signature of New Registered Agent

FILED
JAN 23
9 21
CLERK OF STATE
TREASURY
FLORIDA

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>
MG	Rafael Soca	2589 Centergate Dr	<input type="checkbox"/> Add
		#205 HOLLYWOOD, FL, 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2017 JUN 23 A 9:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated January 10, 2017.

Lisbeth Lorenzo

Typed or printed name of signee

Filing Fee: \$25.00

FILED
200 JUN 23 A 9 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA