Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REY JORDAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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Corporate Filing Menu

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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	RE	Y JORDAN LLC	
~	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		REYNALDO JORDAN	
		Name of Person	
		REY JORDAN LLC	
		Finn/Company	
•		537 HUNTER CIR	
		Address	
		KISSIMMEE, FL 34758	
	<del></del>	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		XSERVICE@EARTHLINK.NET	
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
REYNALD	O JORDAN	407 \ aku	57.697
Nатте о	f Person	at (404) 724 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

	ORDAN LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now spneau ted Lisbility Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp	any were filed on	08/24/2016	and assigned
Florida document numberL16000159211			_
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company he	<u>ere</u> :	
he new name must be discinssible and governing the woods William I.	tabliffer (T	47 Y 79)	
he new name must be distinguishable and contain the words "Limited L	nationary Company," the d	esignation "LEC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applicable:			t
<u> Principal office address MUST BE A STREET ADDRESS</u>	2	<u> </u>	- CO
	<del></del>		
	1.15	:: ;	
nter new mailing address, if applicable:	•	S.	26
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	-	
<u> </u>	<del></del>		(C) <b>1</b> 177
		<del></del>	> -
3. If amending the registered agent and/or registered	l office uddress on	our records anthr	the name of the
egistered agent and/or the new registered office address	here:	our records, enter	the name of the
Name of New Registered Agent:			<del></del> -
New Registered Office Address:			
	Enter Flor	ida street address	<del></del>
·	·	, Florida	
	City		Zıp 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>		Address	Type of Actio
MGR	CARLOS LUNA	· .	537 HUNTER CIR	Add
	,	_	KISSIMMEE, FL 34758	□ Remove
				☐ Change
		_		
		-		Remove
				☐ Change
		-		D Add
				□ Remove
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		••		□ Add
			· · ·	□ Remove
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		-		□ Add
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				□ Change

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Filing Fee: \$25.00