

L17000004990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

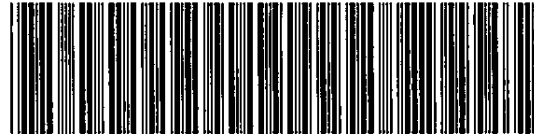
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/17--01015--030 **25.00

FILED
17 MAR -7 PM 2:38

O SIMMONS
MAR 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2017

ASHLEY DASILVA 2ND MAILING
515 PARK AVE NORTH
WINTER PARK, FL 32789

SUBJECT: RASH ORLANDO LLC
Ref. Number: L17000004990

We have received your document for RASH ORLANDO 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 617A00001274

Please see updated info for processing.
Thank you! - Ashley DaSilva

RECEIVED
2017 MAR - 7 AM 10:57
TALLAHASSEE, FLORIDA



RECEIVED
2017 FEB -6 PM 1:47

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAHASSEE, FLORIDA

January 20, 2017

ASHLEY DASILVA
515 N PARK AVE
WINTER PARK, FL 32789

SUBJECT: RASH ORLANDO LLC
Ref. Number: L17000004990

We have received your document for RASH ORLANDO 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 registered agent must sign accepting the designation.

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Octavia I Simmons
Regulatory Specialist II

Letter Number: 617A00001274

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RASH ORLANDO 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:

ASHLEY T DASILVA

Name of Person

RASH ORLANDO LLC

Firm/Company

515 N PARK AVE

Address

WINTER PARK, FL 32789

City/State and Zip Code

ASHLEYTDASILVA@GMAIL.COM

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

For further information concerning this matter, please call:

ASHLEY T DASILVA

at (941) 932-5866

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RASH ORLANDO 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 01/06/2017 and assigned
Florida document number L17000004990.

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:

Rafael Reyes

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

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	RAFAEL REYES	515 N PARK AVE, WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Add
		Suite # 216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR 2008 PM 3:38

17 MAR - 1964

17 MAR -7 PM 2:38

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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 11 2017

Signature of a member or authorized representative of a member

ASHLEY T DASILVA

Typed or printed name of signee