

L17000083994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

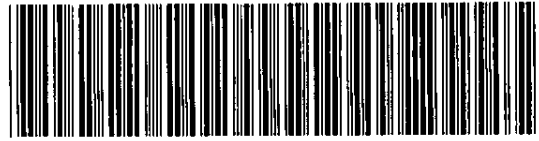
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 27 2018

Y SULKER

Rolando Rivas-Camp
720 NE 69th Street, #4N
Miami, FL 33138

February 22, 2018

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: LLC Name Change Request

To Whom It May Concern,

Please find enclosed the Articles of Amendment to Articles of Organization of Rolando Rivas-Camp, FAIA, LLC.

I am requesting the Name Change from:

OLD NAME: Rolando Rivas-Camp, FAIA, LLC to:

NEW NAME: Rolando Rivas-Camp, LLC

All other original information remains the same. Please let me know if you have any questions.

Please mail confirmation to the address listed in the letterhead. Also, please email confirmation to me at Rolando@Rivas-Camp.com and to my Accountant at johnjames@federalcity.com.

Thank you for your consideration.

Sincerely,


Rolando Rivas-Camp

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROLANDO RIVAS-CAMP, FAIA, 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:

ROLANDO RIVAS-CAMP
Name of Person

ROLANDO RIVAS-CAMP, LLC
Firm/Company

720 NE 69TH STREET, #4N
Address

MIAMI, FL 33138
City/State and Zip Code

JOHN.JAMES@FEDERALCITY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROLANDO RIVAS-CAMP at (786) 606-1777
Name of Person 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

Rolando Rivas-Camp, FAIA, 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 4/14/17 and assigned
Florida document number L17000083994.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: (REMOVE "FAIA" from NAME)

Rolando Rivas-Camp, LLC

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

SAME

New Registered Office Address:

Enter Florida street address

, Florida

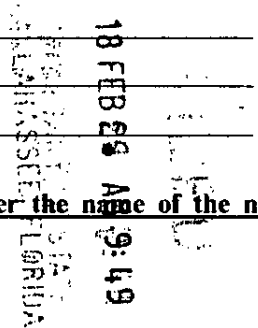
City

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

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18 FEB 29 AM 9:49
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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 2/22/18, 2018

Rolando Rivas-Camp
Signature of a member or authorized representative of a member

ROLANDO RIVAS-CAMP
Typed or printed name of signee