

L17000144234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

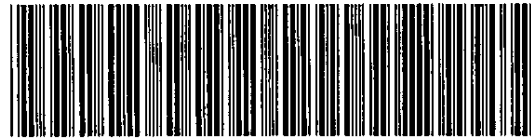
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700304130857

10/10/17--01023--030 **25.00

17 OCT 10 PM 2:18
DIVISION OF CONSUMER PROTECTION

FILED

O SIMMONS

OCT 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VISA REMODELING 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:

HUGO A. SILDARRIAGA

Name of Person

VISA REMODELING SERVICES LLC

Firm/Company

5173 Jaczko Ln Ato. B

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

ayd6458@gmail.com

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

For further information concerning this matter, please call:

HUGO A. SILDARRIAGA

561 762-7065
at ()

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**

VISA REMODELING 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 JULY 5 2017 and assigned
Florida document number L17000144234.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5173 Jaczko Ln Apt. B

West Palm Beach, FL 33415

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:

HUGO A. SALDARRIAGA

New Registered Office Address:

5173 Jaczok Ln Apt. B

Enter Florida street address

West Palm Beach

, Florida 33415

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.

HUGO A SALDARRIAGA

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>
MGR	HUGO A. SILDARRIAGA	5173 Jaczok Ln Apt. B	<input type="checkbox"/> Add
		West Palm Beach, FL 33415	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE D. VILLA	5021 Polaris Cv.	<input type="checkbox"/> Add
		Greenacres, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIO C. REBELLON V	2830 Floweva St.	<input type="checkbox"/> Add
		Palm Spring, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCISCO J. REBELLON V	2830 Floweva St.	<input type="checkbox"/> Add
		Palm Spring, FL 33406	<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

DIVISION OF
17 OCT 10 PM 2:12
Remove
Change
Add
Remove

FILED

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

FILED
OCT 10 PM 2:18
DIVISION OF CRIMINAL JUSTICE

F. Effective date, if other than the date of filing: 09/30/2017 (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 September 30 2017

df660 A SARDARRIAGA
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

HUGO A. SALDARRIAGA

Typed or printed name of signee