117000170774

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	· #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			1
SUBJECT:	RUBEN ALVI	AREZ REMODELING ited Liability Company	LLC
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
			1
	R	Name of Person	•
		Name of Person	
	RUBE	IN ALVAREZ REMOR	DELING LLC
		v company	
	, 3	Address Address	. E
		Address	
		SARASOTA FL 342 City/State and Zip Code	> 3 2- '
	 	City/State and Zip Code	
			1
	E-mail address: (to be used for future annual report notif	ication)
For further information o	concerning this matter, please c	all:	
0 /	4		,
X 4 8 2 X/	ALVAREL	at (<u>941)</u> <u>536-3.</u> Area Code Daytime	384
Name C	or rerson	Area Code Daytime	: Telephone Number
			1
Enclosed is a check for t	he 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 Taliahassee, FL 32314 STREET/COURIER ADDRESS:1

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	V ALVAREC KEMODELING LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
	impany were filed on <u>AUG</u> 10,2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
RUBEN ALVAREZ REMODE	VING LLC
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	NA
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office addre	
Name of New Registered Agent: \mathcal{R}	YBEN ALVAREZ
New Registered Office Address: 3	Enter Florida street address
_ <i>SA</i>	RASOTA , Florida 34232 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

DIVISION OF CORPUSATION

MGR = Manager

18 JAN 11 18 JAN 1 PH 2: 1 : AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _□ Add _□ Remove □ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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		ny	Signature	of a member or	authorized re	presentative of a r	nember	·
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Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2017

REUBEN ALVAREZ REMODELING LLC RUBEN ALVAREZ 3773 TARO PLACE SARASOTA, FL 34232

SUBJECT: REUBEN ALVAREZ REMODELING LLC

Ref. Number: L17000170774

We have received your document for REUBEN ALVAREZ REMODELING 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.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 217A00018532

RECEIVED
JAN 1 1 2018