

L17000 194671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

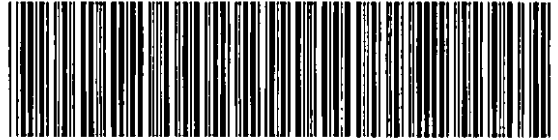
(Business Entity Name)

(Document Number)

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FILED
2019 JAN 11 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIKE SEND LLC
Name of Limited Liability Company

2019 JAN 11 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELEN OLIVEIRA

Name of Person

NL INSURANCE AND ACCOUNTING SOLUTIONS INC

Firm/Company

13640 W COLONIAL DRIVE, SUITE 150

Address

WINTER GARDEN, FL, 34787

City/State and Zip Code

info @ nlinsurancefl.com

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

For further information concerning this matter, please call:

FELIPE MOURA

Name of Person

at (407) 202-2987

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**

2019 JAN 11 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIKE SEND 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 09/19/2017 and assigned
Florida document number L17000194671.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RJ MAINTENANCE & MORE 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:

(Principal office address MUST BE A STREET ADDRESS)

11563 AMIDSHIP LANE - UNIT 81
ZIP CODE: 34786 WINDERMERE, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11563 AMIDSHIP LANE - UNIT 8100
ZIP CODE: 34786 WINDERMERE, FL

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:

New Registered Office Address:

Enter Florida street address

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


[illegible]

(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)

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.

Member 28 2018



Signature of a member or authorized representative of a member

FELIPE J WILLEMANN MOURA

Typed or printed name of signee