L17000220891

(Re	equestor's Name)	<u>.</u>
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2018

JAN 2 2 2016

OCTAVIO MARCELINO REYES 951 US HIGHWAY 98 W FROSTPROOF, FL 33843

SUBJECT: OCTAVIO REYES RURAL FENCE & COW WORK/RETRIEVAL LLC

Ref. Number: L17000220891

We have received your document for OCTAVIO REYES RURAL FENCE & COW WORK/RETRIEVAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 618A00000689

COVER LETTER

Division of	Corporations		
Octavic SUBJECT:	Reyes Rural Fence & Cow Work	/ Retrieval LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	spondence concerning this matter		
	Octavio M Reyes		
		Name of Person	
	Octavio Reves Rural Fenc	e & Cow Work/ Retrieval LLC	
	·	Firm/Company	
	951 US Highway 98 W		
		Address	
	Frostproof, FL 33843		
	omr7jogabonito@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
Octavio M Reyes		863 224-8055	
Nan	ne of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check fo	or 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:

TO:

Registration Section

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

Octavio Reyes Rural Fence & Cow Wor		
(Name of the Limited Li (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabiliflorida document number 4.17000220891	ity Company were filed on October 25, 2017	and assigned
This amendment is submitted to amend the followin	og:	
A. If amending name, enter the new name of the	limited liability company here:	
Reyes Quality Fencing LLC		·
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "\$.C." YS
Enter new principal offices address, if applicable	:	ONE ONE
Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u></u>	OF STATE ORFORATIONS
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	•••	enter the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	<u> </u>
	rmer ruoriaa sireei adaress	
_	, Flori	ida Zip Code
	Cup	zy cone

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>	Type of Action
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			☐ Remove
			☐ Change
			□ Remove
			□ Change
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			ORPORT
			SECRE TARY OF STATEMS DIVISION OF CORPORATIONS Charge 2 AM 11: 3
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar record specifies a delayed ef The 90th day after the record	specific and cannot be pr does not meet the app rtment of State's recor fective date, but i	ior to date of filing of licable statutory ids.	or more than 90 days after iling requirements, th	is date will not be lis	sted :
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Page 3 of 3

Filing Fee: \$25.00