

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC
 Account Number : I20140000083
 Phone : (407)932-0040
 Fax Number : (407)520-5473

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2018 APR 16 A 9:11
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HOME IMPROVEMENT BY GOLDEN TOUCH LLC.**

Certificate of Status	0
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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

4/17/18COS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOME IMPROVEMENT BY GOLDEN TOUCH 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:

ALEJANDRO RENDON

Name of Person

HOME IMPROVEMENT BY GOLDEN TOUCH LLC.

Firm/Company

709 DELANCEY DR

Address

DAVENPORT, FL 33837

City/State and Zip Code

RENDONALEX@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRO RENDON

407 929 2097

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

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TALLAHASSEE, FLORIDA
2010 APR 16 A 9
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOME IMPROVEMENT BY GOLDEN TOUCH 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 12/05/2017 and assigned Florida document number L17000249279.

This amendment is submitted to amend the following:

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

HOME IMPROVEMENT BY GOLDEN TOUCH 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)

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:

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

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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 APRIL 13 2018

Signature of a member or authorized representative of a member

ALEJANDRO RENDON

Typed or printed name of signer