

L180000 67518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

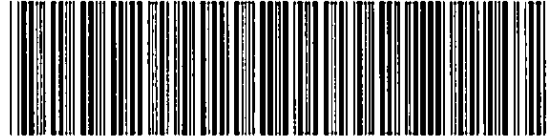
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 05 2018

S. YOUNG

Tampa, 06/29/2018

PAUL CANIZALEZ, LLC

3350 w Hillsborough Ave, Apt 1527

Tampa, FL. 33614

Document number: L18000067518

Attn: Amendment Sections – Division of Corporations – State of Florida

According to a telephone conversation with you today, you can find attached the page missing in our amendment where the signature of the registered agent was omitted.

Thanks in advance for your cooperation.

Sincerely,

Jose Echavarría

JOSE R ECHAVARRIA CALDERON

RECEIVED
2018 JUL -2 AM 11:47
DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED
18 JUL -2 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAUL CANIZALEZ 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:

JOSE R ECHAVARRIA CALDERON

Name of Person

PAUL CANIZALEZ LLC

Firm/Company

3350 W HILLSBOROUGH AVE APT 1527

Address

TAMPA, FL 33614

City/State and Zip Code

TAMPAMULTISERVICES-INC@HOTMAIL.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSE R ECHAVARRIA CALDERON

at (813)

679-3651

Name of Person

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**

PAUL CANIZALEZ 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 03/15/2018 and assigned
Florida document number L18000067518.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3350 W HILLSBOROUGH AVE APT 1527

TAMPA, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3350 W HILLSBOROUGH AVE APT 1527

TAMPA, FL 33614

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:

JOSE R ECHAVARRIA CALDERON

New Registered Office Address:

3350 W HILLSBOROUGH AVE APT 1527

Enter Florida street address

TAMPA

, Florida 33614

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.

JOSE ECHAVARRIA

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>
MGRM	JOSE R ECHAVARRIA CALDEI	3350 W HILLSBOROUGH AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL G GORDON	2214 EAST COLBY LANE	<input type="checkbox"/> Add
		TAMPA, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DECLARATION OF
TALLAHASSEE, FLORIDA
JUL - 2 PM 12:01

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

N/A

18 JUL -2 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 06/14 2018

JOSE ECHAVARRIA

Signature of a member or authorized representative of a member

JOSE R ECHAVARRIA CALDERON

Typed or printed name of signee