

L18000112941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

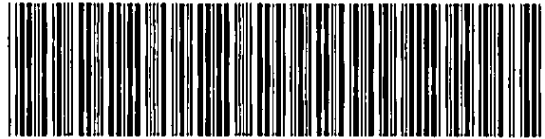
(Business Entity Name)

(Document Number)

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2018 NOV -2 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend / Name
Chg

NOV 19 2018

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R&M REMODELING AND REPAIRS HOMES 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:

RIEGA, PATRICIA S

Name of Person

R&M REMODELING AND REPAIRS HOMES LLC

Firm/Company

6945 MORSE AVE. APT 1225

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

NotariaCarvajal@gmail.com

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

For further information concerning this matter, please call:

PATRICIA RIEGA 904 554-2816

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

R&M REMODELING AND REPAIRS HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 NOV -2 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/04/2018 and assigned
Florida document number L18000112941.

This amendment is submitted to amend the following:

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

R&A REMODELING AND REPAIRS HOMES 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:

5291 COLLINS RD, LOT 320

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE FL 32244

Enter new mailing address, if applicable:

5291 COLLINS RD, LOT 320

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32244

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

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>
AMBR	MITCHELL DERAS, EDUARDO	6945 MORSE AVE APT 1225 JACKSONVILLE, FL 32244	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ACEVEDO ROJO, FRANCISCO	5291 COLLINS RD, LOT 320 JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single page from a notebook or ledger. It features ten horizontal black lines spaced evenly across the page, providing a guide for writing. The lines are parallel and extend from the left margin to the right edge. There is no handwriting or other markings on the page.

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 OCTOBER 15TH 2018

2018
Patricia Diega
Signature of a member or author

Signature of a member or authorized representative of a member

PATRICIA A. RIEGA

Typed or printed name of signee