

L18000124589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

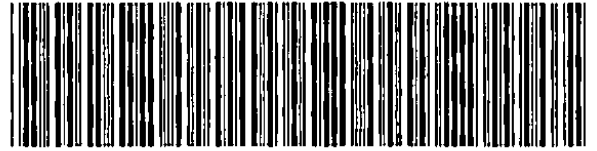
(Business Entity Name)

(Document Number)

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R. WHITE

FEB 20 2019

2019 FEB 21 PM 2:59
FALLS CHURCH, VA
FALLS CHURCH, VA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Irene Gerena 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:

Irene Gerena

Name of Person

Irene Gerena LLC

Firm/Company

129 Brushcreek Dr.

Address

Sanford Florida 32771

City/State and Zip Code

irenegerena@gmail.com

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

For further information concerning this matter, please call:

Irene Gerena

321 662-2281

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

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

Irene Gerena LLC

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

FILED
2019 FEB 21 PM 2:00
EGRE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/17/2018 and assigned
Florida document number L18000124589.

This amendment is submitted to amend the following:

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

Irenes Home Restorations 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)

Irenes Home Restorations LLC

708 Mountain Ash Way

Deltona, Fl. 32725

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Irenes Home Restorations LLC

708 Mountain Ash Way

Deltona, Fl. 32725

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Irene Gerena

New Registered Office Address:

708 Mountain Ash. Way

Enter Florida street address

Deltona

City

Florida 32725

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, changed, or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Irene Gerena	708 Mountain Ash Way Deltona Fl. 32725	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

Dated February 18, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee