

L18 000139421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

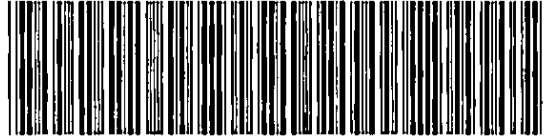
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2020 NOV 25 PM 12:00
CLERK OF COURT
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.L.A CENTRAL FLORIDA PAINTING 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:

LILIA REY

Name of Person

R.L.A CENTRAL FLORIDA PAINTING LLC

Firm/Company

8336 FORT CLINCH AVE

Address

ORLANDO, FL 32822

City/State and Zip Code

33RLAPAINING@GMAIL.COM

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

For further information concerning this matter, please call:

LILIA REY

407

7458102

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

R.L.A CENTRAL FLORIDA PAINTING 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 06/01/2018 and assigned Florida document number L18000139421.

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)

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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

City

Florida

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>
MGRM	LILIA REY	8336 FORT CLINCH AVE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE REASON WHY IM REDOING THIS APPLICATION IS BECAUSE OF THIS TWO REASONS:

1) I LILIA C REY WANT TO REMOVE ROBERTO REY FROM THE COMPANY AND I WANT TO BE
THE ONLY MGRM OF THE COMPANY

2) I LILIA C REY CHANGE MY LAST NAME FROM LILIA C CASTELLANO TO LILIA C REY AND
I WANT TO MADE THIS TWO UPDATES IN THE COMPANY RECORDS.

NOTE: IF YOU NEED ANY INFORMATION YO CANCONTACT EITHER ONE OF US AT:

EMAIL:33RLAPAINTING@GMAIL.COM

PHONE: LILIA REY (407-745-8102) OR ROBERTO REY (407-640-4507)

ADDRESS: 8336 FORT CLINCH AVENUE ORLANDO, FL 32822

THANK YOU

FILED
2020 NOV 25 PM 12:00
STATE

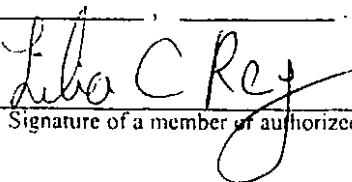
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/08/2020



Signature of a member or authorized representative of a member

LILIA C REY

Typed or printed name of signee