L18000150723

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COVER LETTER

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Divi	sion of Corpe	orations				19 18 Miller
	ARICA REM	IODELING LLC				to the
SUBJECT:	<u></u>	Name of Limit	ed Liability Com	pany		12 mgs
						The state of the s
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.			SACTOR OF STATE OF THE PARTY OF
		dence concerning this matter t				
		Alba Roldan				
			Name of P	erson		
		Regio Management, LLC				
		Firm ² Company				
		3434 W Columbus Dr Suite	107A			
			Addres	s		
		Tampa, FL 33607				
		Info@regiomgmt.com	City/State and	Zip Code		
	1	E-mail address: (t	o be used for futt	ire annual report	notification)	
For further in	formation co	encerning this matter, please ca				
Alba Roldan			813	570-900	0	
	Name of	Person	at (Area	Code Da	ytime Telephone Number	
Enclosed is a	alcheck for th	e following amount:				
■ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional	lling Fee & I Copy I copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y
	Registra Divisio	ING ADDRESS: ation Section n of Corporations ox 6327		Registration S Division of Co Clifton Buildi	orporations ing	
		ssee. FL 32314		2661 Executiv Tallahassee, F	ve Center Circle FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARICA REMODELING 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 I Florida document number L18000150723	Liability Company	were filed on 06/19	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	C	nility company hard		
75. If which daing hame, enter the new hame t	or the milited har	onity company nerv	•	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	8415 SYCAMORE TREE DR101-A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
		TAMPA, FL 33614		
Enter new mailing address, if applicable:		PO BOX 151834		
(Mailing address MAY BE A POST OFFICE	(ROX)	TAMPA, FL 33684		
registered agent and/or the new registered of New Registered Agent:	•	ment, LLC / Alba Rol	dan	
New Registered Office Address:	3434 W Colum	abus Dr Suite 107A		
	Enter Florida street address			
	Tampa		, Florida 33607 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office change.	ree to act in this cap performance of m provided for in Cha	w duties and I am familiar with and upper 605, F.S. Or, if this document is confirm that the limited liability	

Page 1 of 3

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 Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Moises Ferrer-Ramos	9763 Oaks St Tampa, FL 33635-1013	™ Add
			□ Remove
			Change
		<u></u>	Add
			□ Remove
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effective date te: If the dat	if other than to e is listed, the date te inserted in this ective date on the	must be specific as s block does not	nd cannot be prior meet the applic	to date of filing or n able statutory filin	nore than 90 days a	otional) Aer filing.) Pursuan this date will not	t to 605.03 be listed
record spo	ecifies a delar ay after the r	yed effective record is filed	date, but no I.	t an effective	time, at 12:0	1 a.m. on the	earlier
ן אוני אוני			2019				
NOVEN	IBER 07				/		
NOVEN	1BER 07		tri	House of	·		
NOVEN	1BER 07	Signature of	a monther or audi	orized representativ	e of a member		
ed NOVEM	er Arica	Signature of	a mounter or auth	1/4-1-	e of a member		

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