

1120001633689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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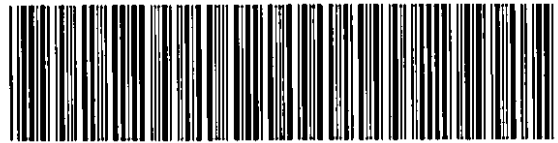
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG - 9 AM 10:30

N COOPER

AUG 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2R 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:

ANTONIO GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III PA

Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 204

Address

WESTON, FL 33326

City/State and Zip Code

AGONZALEZ@AMEFINANCIALGROUP.COM

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

For further information concerning this matter, please call:

ANTONIO GONZALEZ

Name of Person

at (954) 773-7286

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**

2R HOMES, 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 JULY 05, 2018 and assigned
Florida document number L18000163369.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

GONZALEZ & ASSOCIATES III PA

New Registered Office Address:

1820 N CORPORATE LAKES BLVD SUITE 204

Enter Florida street address

WESTON

City

, Florida

33326

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>
MGR	MARCELLO TORRES	11232 NW 6TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RUDAEV RODRIGUEZ	11232 NW 6TH Street	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROSANA RODRIGUEZ	11021 N Kendall Dr. Apt L-102	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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)

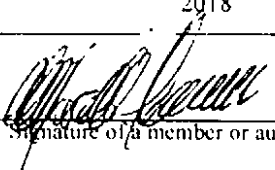
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 30

2018



Signature of a member or authorized representative of a member

MARCELLO TORRES

Typed or printed name of signee

FLORIDA STATE DISBURSEMENT UNIT



8/4/2018

GONZALEZ & ASSOCIATES III PA
1820 N CORPORATE LAKES BLVD
SUITE 204
WESTON, FL 33326

Dear Remitter:

Re: Return payment enclosed. Check # 2017 \$ 25.00
Work Item Date: 8/4/2018 Work Item Seq: 2098

Your child support payment is being returned for the following reason(s):

- ☐ The date on the payment instrument is postdated beyond the acceptable date range.
- ☐ The payment instrument is not made payable to the Florida State Disbursement Unit. **Do not alter and resubmit the same check or money order.**
- ☐ The written dollar amount is missing from your payment instrument.
- ☐ The payment instrument is not presented in US funds. Please submit a **new** check payable in US funds.
- ☐ The payment instrument is **not** signed. Please sign the payment instrument and resubmit.
- ☐ The payment instrument has been changed.
- ☐ The payment instrument was damaged when received and could not be processed.
- ☐ We can no longer accept personal checks on your account. Our records indicate your account has an insufficient funds/ stop payment history on previously submitted payments. Please resubmit your payment by money order, cashier's check, or certified check payable to the Florida State Disbursement Unit. Mail your payment to the Florida State Disbursement Unit. Payments may also be made with a credit card at myfloridacounty.com or fl.smartchildsupport.com.
- ☒ The post office delivered this payment in error, therefore it is being returned to you.
- ☐ There are no posting instructions included with your payment. Please resubmit your payment along with the case information for which it is intended.
- ☐ Administrative cost.
- ☐ The payment that was submitted is payable only to the Clerk of Court. Please contact your Clerk of Court for receipting instructions.
- ☐ Other:

The child support account has not been credited for this returned payment. Payments may be made with a credit card at myfloridacounty.com or fl.smartchildsupport.com or mailed to:

Florida State Disbursement Unit
P.O. Box 8500
Tallahassee, Florida 32314

Thank you,

Florida State Disbursement Unit

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