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COVER LETTER

	Registration Sec Division of Corp		ı	
STED TEXT		Z RPM SERVICES LLC		
SUBJEC	Colosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: SALVADOR MERCADO-GUTTERREZ Name of Person Firm/Company 880 SW 4TH TER Address FLORIDA CITY FL 33034			
The enclo	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		SALVADOR MERCADO)-GUTIERREZ	
			Name of Person	
			Firm/Company	
		880 SW 4TH TER		
			Address	
		FLORIDA CITY FL 3303	4	
			City/State and Zip Code	
E-mail address: (to be used for future annual report notification)				
For further	er information co	oncerning this matter, please ca	all:	
SALVAI	DOR MERCADO	O-GUTIERREZ	at (786) 259 -	- 2007
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

GUTIERREZ RPM SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records. [Liability Company]	
The Articles of Organization for this Limited Liability Compan	y were filed on 07/25/2018	and assigned
Florida document number L18000179037		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "I.I.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SET
		APPE SE
Enter new mailing address, if applicable:		PA N
(Mailing address MAY BE A POST OFFICE BOX)		3/2 - M
		SEE SEE SEE
		超一
		enter the mme of the nev
registered agent and/or the new registered drifte address ne	<u>re</u> .	
Name of New Registered Agent:		
Naw Ravietarad Office Address		
18.55 Registered Office Address.	Enter Florida street address	
	Flor	rida
	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: diress MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the mome agent and/or the new registered office address here: ame of New Registered Agent: ew Registered Office Address:	

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

Title	<u>Name</u>	Address	Type of Action
MGR	SALVADOR MERCADO-GUTIERREZ	880 SW 4TH TER FLORIDA CITY FL 33034	Add
			☐ Remove
			□ Change
	<u> </u>		bbA 🗅
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ective date, if other than the da	te of filing:		(option) သ
Sective date, if other than the date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior does not meet the applic tment of State's records	r to date of filing or mo cable statutory filing	re than 90 days after til requirements, this d	ing.) Pursuant to 66 ate will provide lis	13.0: Signi
record specifies a delayed ef	fective date, but no	ot an effective ti	me, at 12:01 a.r	n. on the	liei
SEPTEMBER 20TH	. 2018	·			
_	Jan 1	/			
<u></u>	nature of a member or auth	rerchao			

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Typed or printed name of signee

Filing Fee: \$25.00