Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407)932-0040

Fax Number

: (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:		
·Mall Address.	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FMIRELES LLC

Certificate of Status	0
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Help

COVER LETTER

TO:	Registration Sec Division of Corp			
	FMIRELES	LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	klosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	ndence concerning this matter (to the following:	
		F	FRANCISCO MIRELES	
			Name of Persor.	
			Firm/Company	
			675 DYSON ROAD	
			Address	
		I	HAINES CITY, FL 33844	
			City/State and Zip Code finireles51@gmail.com	
		E-mail address: (to be used for future annual report not	ification)
For fu	irther information c	oncerning this matter, please co	all:	
	FRANCISCO	MIRELES	863 2	10-7186
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ .5:	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMIRELES CC				
(Name of the Limited Liability Company as in (A Florida Limited Liability	t now appears on o y Company)	ur recor ds.)		
The Articles of Organization for this Limited Liability Company were	filed onl	0/02/2018		and assigned
lorida document numberL18000233726			2019	
This amendment is submitted to amend the following:		And Associated to the second s	130	Maryon and a second
A. If amending name, enter the new name of the limited liability c	ompany here:		22	
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designa	ition "LLC" o		eviation "L.L.C."
Enter new principal offices address, if applicable:		3.	60 60	
Principal office address MUST BE A STREET ADDRESS)				·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office acceptance and/or the new registered office address here:	address on our	records,	<u>enter t</u>	he name of the
Name of New Registered Agent:				
New Registered Office Address:	Enier Florida st	reet address		
		. Flori	da	
	Olfy	,,		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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FRANCISCO MIRELES MEDINA	675 DYSON RD	■ Add
 		HAINES CITY, FL 33844	
			Remove
			Change
			🗀 Add
			□ Remove
			Change
			
			☐ Remove
			[] Change
		<u> </u>	Add
			□ Remove
			☐ Change
			🗀 Remove
			Change
			
			□ Remove
			☐ Change

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	<u> </u>
•	
	<u> </u>
Note	ctive date, if other than the date of filing:
fther b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d october 15 , 20019.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00