L18000957220

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only-State/Elph Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(D) (A) (A)
(Document Number)
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S PRATHELL



January 7, 2019

FRANSCISO GONZALEZ MYFRIENDANDI LLC 13737 BERINGER ST WINDERMERE, FL 34786

SUBJECT: MYFRIENDANDI LLC Ref. Number: L18000257226

We have received your document for MYFRIENDANDI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 719A00000401

COVER LETTER

то:	Registration Sec Division of Corp			
SURI	ECT: MYFRIEI	NDANDI LLC		
3000		Name of Lim	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		FRANCISCO GONZ	'ALEZ	
			Name of Person	
		MYFRIENDANDI LL	С	
			Firm/Company	
		13737 Beringer s	t	
			Address	
		Windermere FL 34786		
			City/State and Zip Code	
		GONZALEZ7103@BELL: E-mail address: (SOUTH.NET to be used for future annual report notifi	ication)
For fu	arther information co	oncerning this matter, please co	all:	
FRA	NCISCO GON	ZALEZ	at ()	
	Name of	Person	Area Code Daytime	Telephone Number
		e following amount:	December 1	E 6/0 00 PW B
S \$1	25.00 Filing Fcc	□ \$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)
	MAILI	INC ADDRESS.	STREET/COURI	FR ADDRESS:
MAILING ADDRESS: Registration Section		Registration Section	n	
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	4HU115	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT: MYFRIE	NDANDI LLC Name of Lim	ited Liability Company	
		, , ,	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRANCISCO GONZ	ALEZ	
		Name of Person	
	MYFRIENDANDI LL	С	
		Firm/Company	
	13737 Beringer St.		
		Address	
	Windermere FL 34786		
		City/State and Zip Code	
	GONZALEZ7103@BEL E-mail address: (LSOUTH.NET to be used for future annual report no	tification)
For further information	concerning this matter, please ca	all:	
FRANCISCO GON	NZALĒZ	at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ S25.00 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)
MAI	LING ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYFRIENDANDI LLC			JAN2	
(Name of the Limit	ed Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	₹ ∞ ↓	
The Articles of Organization for this Limited Li Florida document number L18000257226	ability Company	were filed on 11/01/2018	and assigned 2	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
F & D PAINTING AND PRESSURE	E WASHING	L.L.C.		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3030 N. Rocky Point Dr.		
		STE 150A		
		Tampa FL 33607		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3030 N. Rocky Point Dr. STE 150A		
		Tampa FL 33607	on "LLC" or the abbreviation "L.L.C." oint Dr. pint Dr. 150A	
B. If amending the registered agent and/ registered agent and/or the new registered of			nter the name of the nev	
Name of New Registered Agent:	Registered	Agents Inc.		
New Registered Office Address:	3030 N. Ro	ocky Point Dr. STE 150A		
Kogigiorea Office Hadrons.		Enter Florida street address		
	Tampa	, Florid	a 33607	
		City	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>	Address	Type of Action
AMBR	DAYAIR LEAL		♣ Add
			□ Remove
			Change
			□ Add
			☐ Remove
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			🗆 Remove
			☐ Change
			☐ Remove
			Change
			□ Remove

Francisco Gon			•		
Sign	nature of a member or author	ized representative of a member	;;>: ;:	2019 JAN 2	•
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January 17	2019				
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ocument's effective date on the Depar		ne statutory ming requiremen	us, this date will ho	oc nacc	
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be prior to	date of filing or more than 90 da	(optional) ys after filing.) Pursual	nt to 605.(020
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Filing Fee: \$25.00