

48000268420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

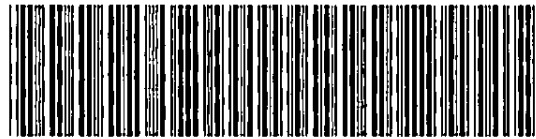
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/19--01005--014 **25.00

RECEIVED

FEB 25 2019

R. WHITE

FEB 28 2019

FILED
2019 FEB 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESCALANTE REMODELING SERVICES 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:

ADALBERTO ESCALANTE FERRER
Name of Person

ESCALANTE REMODELING SERVICES LLC
Firm/Company

1997 FIESTA RIDGE CT
Address

TAMPA FL 33604
City/State and Zip Code

EscalanteRemodeling@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adalberto Escalante Ferrer at 813 504-1055
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 **FILED**
OF

2019 FEB 25 PM 2:00

ESCALANTE REMODELING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TAMPA, FL

The Articles of Organization for this Limited Liability Company were filed on 11/20/18 and assigned
Florida document number L18000268420

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

1997 FIESTA RIDGE CT
TAMPA FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1997 FIESTA RIDGE CT
TAMPA FL 33604

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:

New Registered Office Address:

1997 FIESTA RIDGE CT
Enter Florida street address
TAMPA FL Florida 33604
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

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	ADALBERTO ESCALANTE	FERRER	<input type="checkbox"/> Add
		1997 FIESTA RIDGE CT	<input type="checkbox"/> Remove
		TAMPA FL 33604	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: 02/21/2019 (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:
The 90th day after the record is filed.

Dated FEBRUARY 21, 2019.



Signature of a member or authorized representative of a member

ADALBERTO ESCALANTE FERRER

Typed or printed name of signee