

# L18000276926

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H19000015623 3)))



H190000156233ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC  
Account Number : 120140000083  
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.\*\***

Email Address: \_\_\_\_\_

19 JAN 14 AM 8:55  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EFS FRAMING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

DEC 15 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EFS FRAMING 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:

ROSA FERRARA

Name of Person

EFS FRAMING LLC

Firm/Company

420 DOUBLE DIAMOND DR

Address

POLK CITY, FL 33868

City/State and Zip Code

RFERRARA94@YAHOO.COM

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

19 JAN 14 AM 8:55

1. E.L.

For further information concerning this matter, please call:

ROSA FERRARA

321

368 1117

at ( )

Name of Person

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**

EFS FRAMING 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 11/30/2018 and assigned  
Florida document number L18000276926.

This amendment is submitted to amend the following:

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

E&F REMODELING SERVICES LLC

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)

Enter new mailing address, if applicable:

(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:

EDUARDO FERRARA

New Registered Office Address:

420 DOUBLE DIAMOND DR

*Enter Florida street address*

POLK CITY

*City*

, Florida 33368

*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.*

Eduardo Ferrara

**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>
MGRM	EDUARDO FERRARA	420 DOUBLE DIAMOND DR	<input checked="" type="checkbox"/> Add
		POLK CITY, FL 33868	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ROSA FERRARA	420 DOUBLE DIAMOND DR	<input type="checkbox"/> Add
		POLK CITY, FL 33868	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" 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


19 JUN 14 AM 8:55  
CLASSE, FLORIDA

19 JAN 14 AM 8:55  
U.S. DEPT. OF JUSTICE  
RECEIVED

19 JAN 14 AM 8:55  
OFFICE OF DIRECTOR  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

(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)

Dated JANUARY 14, 2019



ROSA FERRARA

**Filing Fee: \$25.00**