

L19000053450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

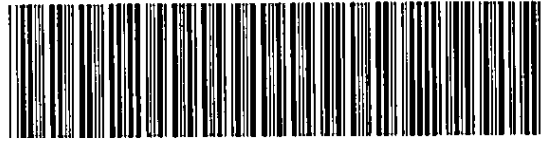
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000355865850

12/14/20--01021--030

FILED
2020 DEC 14 PM 3:02
CLERK OF STATE
TALLAHASSEE, FL

45
1/25/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: RSR ROOFING 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:

ORLANDO CARRASQUILLO

Name of Person

OC CONSULTING FIRM INC.

Firm/Company

8775 20TH STREET LOT 324

Address

VERO BEACH, FL 32966

City/State and Zip Code

OCCONSULTINGFIRM@YAHOO.COM

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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 DEC 14 PM 3:02

FILED

For further information concerning this matter, please call:

ORLANDO CARRASQUILLO

Name of Person

561
at ()

Area Code

542-5465

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

RSR ROOFING LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	NANCY ESTRADA AVILA	205 S 29TH STREET	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34947	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

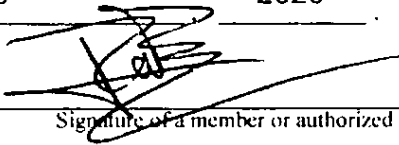
FILED
2020 DEC 14 PM 3:02
CLERK OF STATE
TALLAHASSEE, FL

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/05 2020



Signature of a member or authorized representative of a member

RUBEN SERRANO

Typed or printed name of signee

2020 DEC 14 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED