

L19000 074 759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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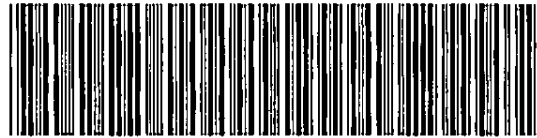
(Business Entity Name)

(Document Number)

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03/26/20--01013--003 **25.00

2020 MAR 26 AM 9:38

R. WHITE
APR 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIFS DESING GROUP, 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:

ROBERT HERNANDEZ

Name of Person

R&H TAX SOLUTIONS, INC

Firm/Company

4913 E. COLONIAL DRIVE

Address

ORLANDO, FLORIDA 32803

City/State and Zip Code

RHTAXSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT HERNANDEZ

321 231-6610
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020.11.26 11:38

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

This amendment is submitted to amend the following:

EIFS Design Group LLC
The new name must be distinguishable and contain the words

ORLANDO, FLORIDA 32822

ORLANDO, FLORIDA 32822

_____, **Florida** _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

CORRECT NAME: EIFS DESIGN GROUP, LLC

INCORRECT NAME: EIFS DESING GROUP, LLC

E. Effective date, if other than the date of filing: 03/19/2020 **(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: (b) The 90th day after the record is filed.

Dated 03-19-2020



Signature of a member or authorized representative of a member

Miguel A Cruz Sierra

Typed or printed name of signee