Florida Department of State

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Righer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RICKY'S INVESTMENTS LLC

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Corporate Filing Menu

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COVER LETTER

	ision of Corp		•		
avin 10 (VI)		VESTMENTS LLC			
SUBJECT:		Name of Limited Liability Company			
77	المحادد المناسطة	amendment and fee(s) are subn	nitted for filing		
Please return	n all correspor	idence concerning this matter t	o the following:		
		CINDY P. MESA MAYA			
	Name of Person				
Firm/Company					
	2824 MICHIGAN AVE UNIT G				
	Address				
	KISSIMMEE, FL 34744				
			City/State and Zip Code		
		E-mail address: ((o be used for future annual report not	dication)	
E 6	i_frametica o	oncerning this matter, please of		·	
			407 334-5167		
CINDY P.	MESA MAY		at ()	ne Telephone Number	
	Name o	f Person	Area Coule Daytto	ie reiephone vanioer	
		ne following amount:	- A	□ #40.00 Till=# C	
□ \$2 5,00	Filing Fee	S30.00 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)	
R D P	Iniling Addre egistration Division of C .O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICKY'S INVESTMENTS LLC (Name of the Limited Liability (A Florida Liability)	ompany as it now appe	ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number		051157010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limiter	d liability company	<u>here</u> :	
GREENWOOD CABINETS RENOVATIONS LLC			THE REL
The new name must be distinguishable and contain the words "Limited	d Liability Company," th	e designation "LLC" or the	e abbreviation "L.L.C.
Enter new principal offices address, if applicable:			- 5 N
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	<u> </u>	28 A
			FL014
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)		····	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our	r records, <u>enter the n</u>	name of the new registered
New Registered Office Address:			
	Enser Florida strees address		
<u></u>		, Florida	·
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for i	of my duties, and La In Chapter 605, F.S.	am familiar with and Or, if this document is
	If Changing Registered	l Agent, Signsture of New	v Registered Agent

WALAAA 24144A2

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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 Type of Action **Address** Name | Title _____ OChange _____ □Remove _____ □Remove _____ Change ☐ Remove _____ □Remove _____ GChange

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. If amending any other information, enter change(s) here: (Attach additional sh	
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	~ <u>// // /</u>
	2821
	JUL 28
	AR 9:
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.0207 (3)(b) uirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	e earlier of: (5) The 90th day after the
Dated 7 28 2021	
Signature of a member of authorized representative of a	member
CINDY P. MESA MAYA	

Filing Fee: \$25.00