Division of Corporations

8/11/2021

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.

(((H21000302848 3)))



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 : TAX ZONE INC. Account Number : I20190000044

: (407)888-3131 : (888)453-0509

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

Email Address: accountant @ + cu zone Fl. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & L ARCHITECTURAL SHEET METAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

4210003026463

TO: Registration Se Division of Cor	ction • · · · · · · · · · · · · · · · · · ·				•,
	HITECTURAL SHEET META	AL LLC			
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	EDGARDO GOMEZ PAZ				
		Name of Person			
		Firm/Company	<u>. </u>		
	1300 BREAKING DOWN	DR APT 107		2021 SEC	
		Address		1 AUG CRETA	ī
	ORLANDO, FL 32824			16 20	_
		City/State and Zip Code	·	75 3 >	F
	ACCOUNTANT@TAXZO	to be used for future annual report noaf	ication)	기 (1) 기 (1) 기 (1)	
For further information c	oncerning this matter, please ca			: 34 Nich	
EDGARDO GOMEZ PA	ΑZ	407 888-3131 at ()		— -	
Name o	d Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Co (additional cop	of Status &	

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

#210003028483

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & L ARCHITECTURAL SHEE			
(Name of the Limi	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited L	iability Company were filed o	on 09/03/2019 and assigned	
Florida document number L19000222830	,		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability compa	nv 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 appli-	cable:		
(Principal office address MUST BE A STREE	ET 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 regist	
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	EDGARDO GOMEZ PAZ		
	1300 BREAKING DOWN DRAPT 107		
New Registered Office Address:	Enter Florida street address		
	ORLANDO	, Florida ³²⁸²⁴	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Page: 6 of 8

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

18884530509

4210003028493
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>	Name	Address	Type of Action
MGR	DIEGO A RADILLA-LOZA	490 CHICAGO WOODS CIR	□Add
		ORLANDO, FL 32824	■Remove
			□Change
		·	□ ∧dd
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Remove
			Change
			□Add '
			Remove
			□Change
			□Aċd
			□Remove
			□ Change

18884530509

•	rmation, enter change(s) here: (Astach a		
	····		·
			
			
			2021
			3 20
	all day of Glings	(optional)	
ffective date, if other than an effective date is listed, the da	n the date of filing: e must be specific and cannot be prior to date of filing his block does not meet the applicable statutor	or or more than 90 days after filing.)	Parsuant to 605.020
iote: If the date inserted in to ocument's effective date on the control of the c	he Department of State's records.	y ming requirements, and deet	3 4
record specifies a delayed ef d is filed.	fective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The	90th day after the
08-11 ated	2021		
	Educado Gonez	Paz	
	Signature of a member or authorized represe	manye or a memper	
EDGARDO GOM	EZ PAZ Typed or printed name of si		····