

L20 00000 29797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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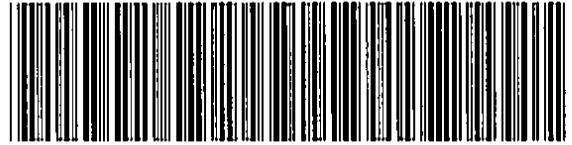
(Business Entity Name)

(Document Number)

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MAR 02 2020

2020/03/02 11:15

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MAR 24 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RODRIGUEZ PAVERS & CONSTRUCTION

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:

CONNIE RODRIGUEZ RAMIREZ

Name of Person

Firm/Company

15812 14TH STREET

Address

DADE CITY FL, 33523

City/State and Zip Code

CNO6362@AOL.COM

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

For further information concerning this matter, please call:

CONNIE RODRIGUEZ RAMIREZ

352 807-4442
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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RODRIGUEZ PAVERS & CONSTRUCTION LLC

2020 -2 11:15

(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 01/23/2020 and assigned
Florida document number L20000029797.

This amendment is submitted to amend the following:

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

Rodriguez Pavers & Construction 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:

15812 14TH STREET DADE CITY FL 33523

(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:

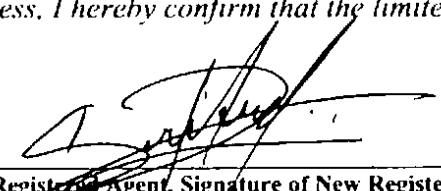
Name of New Registered Agent: SAMUEL RODRIGUEZ RAMIREZ

New Registered Office Address: 15812 14TH STREET
Enter Florida street address

DADE CITY, Florida 33523
City 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.


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>
MGR	Samuel Rodriguez Ramirez	15812 14TH STREET DADE CITY FL. 33523	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Connie Rodriguez Ramirez	15812 14TH STREET DADE CITY FL.33523	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE NAMES ARE THE SAME THE ONLY CHANGE IS ME AND MY HUSBAND HAVE TWO

LAST NAMES AND I ONLY PUT ONE LAST NAME THE FIRST TIME.

CONNIE Rodriguez Ramirez & Samuel Rodriguez Ramirez

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

Connie Rodriguez
Signature of a member or authorized representative of a member

CONNIE RODRIGUEZ RAMIREZ

Typed or printed name of signee