

L20 000212011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

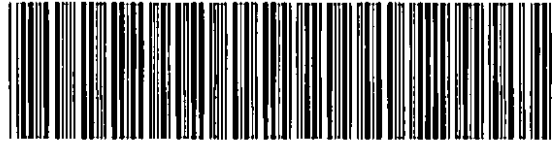
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 13 PM 5:05

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: R & G PREMIUM SERVICES LLC

DOCUMENT NUMBER: L20000212011

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alba Roldan
Name of Contact Person

Regio Management LLC
Firm/ Company

10810 BOYETTE ROAD SUITE 1477
Address

RIVERVIEW, FL 33569
City/ State and Zip Code

regiomgmt@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alba Roldan at (813) 570-9000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|--|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment 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**

R & G PREMIUM SERVICES LLC

(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 07/20/2020 and assigned Florida document number L 20000212011.

This amendment is submitted to amend the following:

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

R & G PREMIUM SERVICES 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:

(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:

REGIO MANAGEMENT LLC

New Registered Office Address:

10810 BOYETTE RD SUITE 1477

Enter Florida street address

RIVERVIEW

City

Florida

33569

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

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2020 OCT 13 PM 5:05
SUNNYVALE
NOTARY PUBLIC
FLORIDA

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>
AMBR	PALOMEQUE CAMBISACA, NII	7112 TURQUOISE LN, ORLANDO, FL 32807	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PALOMEGUE CAMBISACA, NII	7112 TURQUOISE LN, ORLANDO, FL 32807	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NOTES:

1. Misspell error on the original business name : PREMUIIM instead of PREMIUM

2. Misspell error and member id on MGR's name: PALOMEGUE CAMBISACA, NIDIA R instead of AMBR Mrs. Nidia Del Rocio Palomeque Cambisaca

E. Effective date, if other than the date of filing: 10/05/2020 (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 Monday, October 5 2020



Signature of a member or authorized representative of a member

NIDIA DEL ROCIO PALOMEQUE CAMBISACA

Typed or printed name of signee