## LZO 000262046

(Requestor's Name)	
(Address)	9003528
(Address)	0000020
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	; <u>8</u> /98,/3961
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R. WHITE NOV 2 5 2020



November 16, 2020

BLANCA ZAMBRANO 1560 SAWGRASS CORPORATE PKWY 4TH FL OFC 499 SUNRISE, FL 33323

SUBJECT: RESERVI LLC Ref. Number: L20000262046

We have received your document for RESERVI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00023011

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

De la company de

## **COVER LETTER**

TO: Registration Solution of Con			
RESERVI			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BLANCA ZAMBRANO		
		Name of Person	
	LUNAS ACCOUNTING	AND TAXES CORP	
		Firm/Company	<del></del> _
	1560 SAWGRASS CORE	ORATE PARKWAY 4TH FLOC	OR OFC 499
		Address	<u> </u>
	SUNRISE, FL 33323		
	<del>=</del>	City/State and Zip Code	
	BLAN.61@HOTMAIL.CO		
		to be used for future annual report no	dification)
For further information c	concerning this matter, please c	all:	
BLANCA ZAMBRANO	)	786 2375255	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESERVILLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000262046</u> .	were filed on FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ove
	, <b>t</b> , <b>t</b>	loridaZip 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. Thereby 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>	Address	Type of Action
MGR	D'ARCANGELO V. VICTOR M.	36 NE 1 ST ST SUITE 912	□Add
		MIAMI, FL 33132	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
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ective date, if other than the reflective date is listed, the date mute: If the date inserted in this becament's effective date on the fi	lock does not me	eet the applicab	date of filing or mole statutory filing	(option of the contract of the	i <b>onal)</b> r filing.) Pursuant to is date will not be	605,0207 listed as
cord specifies a delayed effective stilled.	ve date, but not a	in effective time	e, at 12:01 a.m. c	on the earlier of: ()	o) The 90th day;	ifter the
09/30 ed		2020				
	1/11/	<del></del>	-			
	Significant a mi	ember or authori	zed representative	of a member		-
i						

Filing Fee: \$25.00