

L20 000 293940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

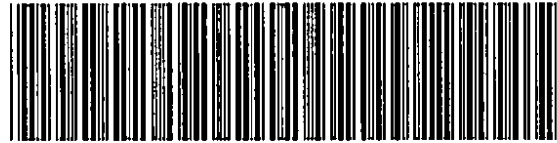
(Business Entity Name)

(Document Number)

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2022 AUG 30 AM 7:23
CLERK OF SUPERIOR COURT
JULIA M. STONE

A. BUTLER

DEC - 5 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROPERTY REHAB SERVICES OF SW FLORIDA LLC
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:

ELVIS BONILLA

Name of Person

PROPERTY REHAB SERVICES OF SW FLORIDA LLC

Firm/Company

3316 SW 17TH PL

Address

CAPE CORAL FL 33914

City/State and Zip Code

ELVISIDEA@AOL.COM

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

For further information concerning this matter, please call:

ELVIS BONILLA

239

271-8650

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**

PROPERTY REHAB SERVICES OF SW FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2020 AUG 20 AM 7:23

CLERK OF DISTRICT COURT
09/18/2020

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L20000293940.

This amendment is submitted to amend the following:

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

PROPERTY BUILDER OF SW FLORIDA 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:

GISELLA GOMEZ

New Registered Office Address:

1671 W 37TH ST STE #5

Enter Florida street address

HALEAH

Florida

33012

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>
AMBR	ELVIS BONILLA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3316 SW 17TH PL CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change
MGR	MIKE G LOVE	3616 SW 8TH PL CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

Dated AUGUST 25 2022

ELVIS BONILLA

Typed or printed name of signee