

LZ1000016318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

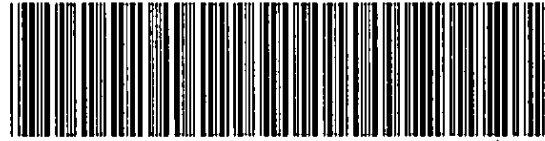
(Business Entity Name)

(Document Number)

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FILED

2021 FEB 25 P 12:43

LLC
Amend

APR - 7 2021

D CONNELL

TO: Registration Section
Division of Corporations

SUBJECT: MOLD REMEDIATION SERVICES, 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:

Rafael Jovet-Ramos

Name of Person

MOLD REMEDIATION SERVICES, LLC

Firm/Company

1515 AMARONE PL

Address

LUTZ 33548

City/State and Zip Code

info@f1moldrs.com

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

For further information concerning this matter, please call:

Chery Ann Sepulveda

862

596-8202

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

**TO
ARTICLES OF ORGANIZATION
OF**

MOLD REMEDIATION 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 01/05/2021 and assigned
Florida document number L21000016318.

This amendment is submitted to amend the following:

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

New Registered Office Address:

Enter Florida street address

Florida

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

Removed from our records

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	RICARDO FABIAN SCHULMAN		<input type="checkbox"/> Add
		5216 CREEKMORE INTAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR/ OWNER	Chery Ann Sepulveda		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1515 Amarone Pl Lutz FL 33548	<input checked="" type="checkbox"/> Change
AMBR/ OWNER	Rafael Jovet-Ramos		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9725 Heron Pointe Dr Orlando FL 32832	<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"/> Change
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			<input type="checkbox"/> Change

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

CHANGE/UPDATE FROM: Title MBR JOVET-RAMOS, RAFAEL 9725 HERON POINTE DR. ORLANDO, FL

TO: Title AMBR JOVET-RAMOS, RAFAEL 9725 HERON POINTE DR. ORLANDO, FL 32832

CHANGE/UPDATE FROM: Title MBR SEPULVEDA, CHERY 1515 AMARONE PLLUTZ, FL 33548

TO: Title AMBR SEPULVEDA, CHERY ANN 1515 AMARONE PLLUTZ, FL 33548

REMOVE: Title MBR FABIAN SCHULMAN, RICARDO 5216 CREEKMORE INTAMPA, FL 33624

E. Effective date, if other than the date of filing: 01/05/2021 **(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 February 18, 2021



Signature of a member or authorized representative of a member

Rafael Jovet-Ramos

Typed or printed name of signee