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## **COVER LETTER**

	egistration Se ivision of Cor			
sub tezn	REINOSO	AND SONS COMPANY LLC	· -	
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and feets) are sub	omitted for filing.	
Please retu	im all correspo	indence concerning this matter	to the following:	
		MARIA VALERIA VALI	LINA	
			Name of Person	
		VALLINA AND DAUGE	FTERS LLC	
			Firm/Company	
		5537 SHELDON RD SUF	TEE	
		<del></del>	Address	
		TAMPA, FL 33615		
		<del></del> ,	City/State and Zip Code	·
		TAMPA, FL 33615	to be used for future annual report no	
For further	information c	oncerning this matter, please c	·	unca(ton)
MARIA V	'ALERIA VAI	.LINA	813 381-5072	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>■</b> \$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)
	lailing Addres egistration S		Street Address: Registration So	ection
Division of Corporations		Division of Corporations		
	.O. Box 632 allahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REINOSO AND SONS COMPA	NY LLC		
(Name of the Lim	ited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited I dorida document number 1.21000234949	Liability Compa	ny were filed on 05/20/2021	and assigned
his amendment is submitted to amend the fol	flowing:		
A. If amending name, enter the new name	of the limited li:	ability company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appliar Principal office address MUST BE A STREET	icable:		r the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	EBOX)		
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>	registered officess here:	e address on our records, enter the	e name of the new registered
Name of New Registered Agent:	VALLINA A	AND DAUGHTERS LLC	
New Registered Office Address:	5537 SHELD	OON RD SUITE E	
		Enter Florida street address	
	TAMPA	Florie	da 33615

## 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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zıp Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager		
AMBR =	Authorized	Member	

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		-	🗆 AdJ
			□Remove
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E. Effective da (If an effective d Note: If the	te, if other than the dat late is listed, the date must be a date inserted in this block of	e of filing: pecific and cannot be prides not meet the app	or to date of tiling or more t	(optional) han 90 days after filing.) Pursuant to juirements, this date will not be	5 605.0207 (3)() Clisted as the
document's e	effective date on the Depart	tment of State's record	ls.		, miled in the
I the record speci ecord is filed.	ities a delayed effective dat	e, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day	after the
Dated NOVI	EMBER LITH	2021			
	(	716	1		
	,				

Typed or printed name of signee