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FILED
FOR FILING STATE
DIVISION OF CORPORATIONS
22 MAY 20 AM 8:31

T. MATTHEWS

JUL 22 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
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:

TEODORO GARCIA SANCHEZ

Name of Person

RENOVATIONS AND MORE BY TEO, LLC

Firm/Company

14629 SW 104 ST #454

Address

MIAMI, FL 33186

City/State and Zip Code

JULIET.RESTREPO.JR@GMAIL.COM

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

For further information concerning this matter, please call:

JULIET RESTREPO 786 317-6821
 _____ 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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 20 AM 8:31

RENOVATIONS AND MORE BY TEO, 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 10/26/2021 and assigned
Florida document number L210002726652.

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:

10931 SW 155 PLACE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33196

Enter new mailing address, if applicable:

14629 SW 104 ST #454

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33186

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:

JULIET RESTREPO

New Registered Office Address:

10931 SW 155 PLACE

Enter Florida street address

MIAMI

City

Florida 33196

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>
MGR	TEODORO SANCHEZ	14629 SW 104 ST , MIAMI FL 33186	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TEODORO GARCIA SANCHEZ	10931 SW 155 PL.,MIAMI FL 33196	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIET RESTREPO	14629 SW 104 ST MIAMI , FL 33186	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIET RESTREPO	10931 SW 155 PL., MIAMI, FL 33196	<input checked="" 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.)*

PLEASE NOTE CHANGES TO PRINCIPLE ADDRESS AND SPELLING NAME CHANGE FOR TEODORO.

THANK YOU

E. Effective date, if other than the date of filing: 5-17-2022 **(optional)**

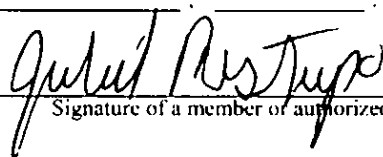
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5-17

2022



Signature of a member or authorized representative of a member

JULIET RESTREPO

Typed or printed name of signee