

L22 000439914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

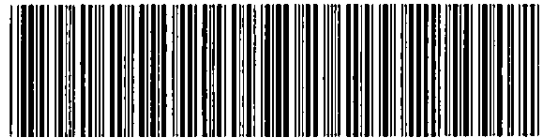
(Business Entity Name)

(Document Number)

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2024 MAR 12 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations
RRHVACNOW LLC

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:

MIGUEL FARINAS

Name of Person

RRHVACNOW LLC

Firm/Company

807 NE 7th Ter

Address

CAPE CORAL, FL 33909

City/State and Zip Code

rrhvac22@gmail.com

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

For further information concerning this matter, please call:

MIGUEL FARINAS 239 4786680

Name of Person at (_____) _____
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

2024 MAR 12 PM 12:42
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 10/12/2022 and assigned
Florida document number 1.22000439914.

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:

1008 NE 7 TER SUIT C, CAPE CORAL, 33909

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1008 NE 7 TER SUIT C, CAPE CORAL, 33909

(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:

ROSA M RAMIREZ

New Registered Office Address:

1008 NE 7 TER SUIT C

Enter Florida street address

CAPE CORAL

Florida

33909

City

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. If the 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

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2024 MAR 19 PM 4:42
TALLAHASSEE
FLORIDA
STATE

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	ROSA M RAMIREZ	1008 NE 7 TER SUIT C, CAPE CORAL, 33909	<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
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

28 FEB 2024
Dated

MIGUEL FARINAS

Typed or printed name of signee

FILED
MAR 12 PM 12:42
90 day after
TALLAHASSEE, FL
SEAL ANY OF STATE