

L23000515165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

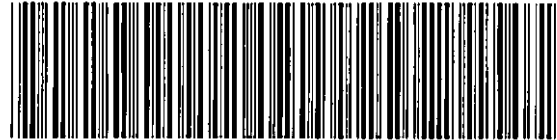
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FILED  
2024 MAY 15 AM 10:27  
TODAY

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R&L SUPPLY 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:

LORRAINE CASTELLINI

Name of Person

R&L SUPPLY LLC

Firm/Company

3809 SW ST LUCIE SHORES DR

Address

PALM CITY, FL 34990

City/State and Zip Code

RICKCASTELLINI@COMCAST.NET

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

For further information concerning this matter, please call:

LORRAINE CASTELLINI      609      780-1133  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

R&L SUPPLY 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 11/15/2023 and assigned  
Florida document number L23000515165.

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)**

3809 SW ST LUCIE SHORES DR

PALM CITY, FL 34990

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3809 SW ST LUCIE SHORES DR

PALM CITY, FL 34990

**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: LORRAINE CASTELLINI

New Registered Office Address: 3809 SW ST LUCIE SHORES DR

*Enter Florida street address*

PALM CITY, Florida 34990

*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>
MGR	LORRAINE CASTELLINI	LORRAINE CASTELLINI	<input type="checkbox"/> Add
		3809 SW ST LUCIE SHORES DR	<input type="checkbox"/> Remove
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change
AMBR	RICK CASTELLINI	RICK CASTELLINI	<input type="checkbox"/> Add
		3809 SW ST LUCIE SHORES DR	<input checked="" type="checkbox"/> Remove
		PALM CITY, FL 34990	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

JANUARY 1, 2024

**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 MAY 7, 2024

LORRAINE CASTELLINI

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Typed or printed name of signee