L24000224867

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YAIDEL RAMOS VAZQUEZ
MGR
11566 204TH ST
O'BRIEN, FL 32071
yaidelry@gmail.com
Telephone Number: 786-905-3435

December 12, 2024

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Subject: Amendment to Articles of Organization for RAMOS&REYES_REPAIR&PAINTING, LLC.

To Whom It May Concern:

I am writing to submit an amendment to the Articles of Organization for RAMOS&REYES_REPAIR&PAINTING, LLC, a limited liability company registered in the State of Florida under document number L24000224867. Enclosed with this letter are the necessary documents and payment for filing the amendment.

The purpose of this amendment is to change the registered agent and remove a MGR. The following documents are included for your review:

- 1. **Completed Articles of Amendment Form** (as required by the Florida Department of State).
- 2. **Payment of the Filing Fee** in the amount of \$ 30.00, payable to the Florida Department of State.

Please process this amendment at your earliest convenience. Should you require any additional information or documentation to complete the filing, feel free to contact me directly at 786-905-3435 or yaidelrv@gmail.com.

Thank you for your assistance in updating the official records of RAMOS&REYES_REPAIR&PAINTING, LLC. I appreciate your prompt attention to this matter.

Sincerely,

YAIDEL RAMOS VAZQUEZ
MGR, Authorized Representative
RAMOS&REYES_REPAIR&PAINTING, LLC.

COVER LETTER

TO: Registration So Division of Con			
	REYES_REPAIR&PAINTING	I, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YAIDEL RAMOS VAZQ	UEZ	
		Name of Person	
	RAMOS&REYES_REPA	IR&PAINTING, LLC	
		Fum Company	
	11566-204TH ST		
		Address	
	O'BRIEN, FL 32071		
		City State and Zip Code	
	yaidelrv@gmail.com		
	E-mail address; ()	to be used for future annual report noti	tication)
For further information c	concerning this matter, please ea	oH:	
YAIDEL RAMOS VAZ	ZQUEZ	786 905-3435	
Name (of Person	Area Code Daytim	ne Felephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed:	22 \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 631		The Centre of T	
Tallahassee,	D C 242 F4	∠4 (⊅ 18. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMOS&REYES_REPAIR&PA			
(Name of the Lim	ited Liability Company as It now appears of (A Florida Eunited Erability Company)	m our records.)	
The Articles of Organization for this Limited 1	liability Company were filed on 05/14	/2024	and assigned
lorida document number 1.24000224867	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company here	;	
the new name must be distinguishable and contain the	words "Lumited Liab lity Company." the desi	gnation "H C" orate ab	(=)
Enter new principal offices address, if appli	eable:	[[24 D
(Principal office address MUST BE A STREET ADDRESS)			
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Cartan and an allies and day of the continue to			<u>ල</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>	
3. If amending the registered agent and/or gent and/or the new registered office address.	• •	ords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:			_ _
New Registered Office Address:	11566 204TH ST		
	O'BRIEN	r street saldvers , Florida	32071
	- Car		Zio 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, it this document is being filed to merely reflect a change in the registered affice address. Thereby confirm that the limited liability company has been notified in writing of this change.



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>	Address	Type of Action
MGR	ODENAYS REYES TORRES	11566 204TH ST. O'BRIEN, FL 32071, US	□Add
			Remove
			☐ Change
			□Add
			DRemove
			[] Change
			□Add
			□Remove
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	listed, the date n inserted in this	nust be specific : block does no	and cannot be p t meet the ap	plicable statuto) g.) Pursuant to 605.02 e will not be fisted
record specifies d is filed.	a delayed effec	tive date, but n	iot an effectiv	re time, at 12:0	H a.m. on the e	arlier of: (b) T	he 90th day after th
Dated			TAMP/	A, FL			
-	1						
Á							
	<u></u>	Signature of	a member or a	nithorized repres	sentative of a mer	uber	

Filing Fee: \$25.00