

14220000006806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

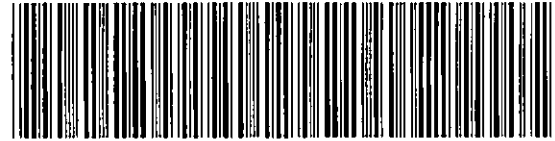
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2022 MAY 27 PM 2:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 27 AM 9:48
TALLAHASSEE, FL

5/31/2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/27/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1042075

ORDER ENTITY
RTL ASSOCIATES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

RTL ASSOCIATES, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over a vertical line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

2022 MAY 27 AM 9:48

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of **STATE**
State: RTL ASSOCIATES, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000006806

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/02/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The title of all Members is changed to AMBR.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR/AP</u>	<u>William F. Tello Ramirez</u>	<u>8960 NW 23rd Street</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL 33065</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Daniel J. Tello</u>	<u>8960 NW 23rd Street</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Springs, FL 33065</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>William Tello</u>	<u>8960 NW 23rd Street</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL 33065</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Monica Rincon</u>	<u>8960 NW 23rd Street</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL 33065</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Amador Lozano Enterprises, LLC</u>	<u>8960 NW 23rd Street</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL 33065</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ William F. Tello Ramirez

Signature of the authorized representative

William F. Tello Ramirez

Typed or printed name of signee

Filing Fee: \$25.00

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The titles of all Members is changed to AMBR.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William F. Tello Ramirez	8960 NW 23rd Street	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Change
		Coral Springs, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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