## L030000 20423

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	\$
Special Instructions to Filing Officer:	
Office Use Only	



200303397802

09/13/17--01020--001 \*\*25.00

17 SEP IL AH 7: 09
SECRETARY OF STATE
TALLAHASSEE, FLORID.

## COVER LETTER

	gistration Sec vision of Corp			
CUBIECT.	R. LAUREN	ICE, LLC		
SUBJECT:	-	Name of	Limited Liability Company	
		10.75		
The enclosed	d Articles of A	Amendment and fee(s) are	submitted for filling.	
Please return	all correspon	dence concerning this ma	tter to the following:	
		RENEE LAURENCE		
			Name of Person	
		R. LAURENCE, LLC		
			Firm/Company	
		2225 0 4 1/01/01/5 0		
		3325 BAYSHORE BU	ULEVARD, SUITE E-23	
			Address	
		TAMPA, FL 33629		
			City/State and Zip Code	
		admin@rlaurence.com		
		E-mail addre	ss: (to be used for future annual rep	ort notification)
For further i	nformation co	ncerning this matter, pleas	se call:	
RENEE LA	URENCE		954 240-9 at ()	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the	e following amount:		
<b>\$25.00 I</b>	Filing Fee	☐ \$30.00 Filing Fee &	□ \$55,00 Filing Fee &	□ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy
			(	(additional copy is enclosed)
		NG ADDRESS: ition Section	STREET/C Registration	OURIER ADDRESS: Section
		of Corporations		Corporations
	P.O. Bo	11	Clifton Buil	
	Tallahas	ssee, FL 32314	2661 Execu	tive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R. LAURENCE, LLC			
(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	
he Articles of Organization for this Limited I	iability Company were filed on	06/06/2003	and assigned
orida document number L03000020423			_ ,
nis amendment is submitted to amend the foll	owing:		
If amending name, enter the new name of	  f the limited liability company	here:	
	1		
c new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if appli	able:		
rincipal office address MUST BE A STREE	T ADDRESS)		
nter new mailing address, if applicable:	_		
Aailing address MAY BE A POST OFFICE	BOX)		
If amending the registered agent and		on our records, enter the	e name of the
gistered agent and/or the new registered o	mce address nere:		33.6 <b>17</b>
		ŧ.	£ <b>%</b>
Name of New Registered Agent:			0
New Registered Office Address:	3325 BAYSHORE BOULEVA	ARD, SUITE E-23	
	Enter	Florida street address	7
	ТАМРА	Florida	
	City	D <sub>A</sub>	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	g Authorized Person(s) authori	zed to manage, <u>enter the title, name, ar</u>	nd address of each person being added
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□ Add
			Remove
			Change
		<u> </u>	☐ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Remove
			Change
			□ Remove
			Change
<del></del>			
			☐ Remove
			Change

D. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
• · · · · · · · · · · · · · · · · · · ·	
	$\parallel$
<del></del>	
<del></del>	
<del></del>	
	17.
	SSR
	STA LOR
	DA
<del> </del>	
	$\parallel$
Effective date, if other than the date	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Depar	rtment of State's records.
the record enecifies a delayed of	ffective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record	
A LIGHTON AN	2015
Dated AUGUST 30	
Reno	e Laurines
Sign	nature of a member or authorized representative of a member
RENEE LAURENCE, Man	paging Member
REINEL ENORGINCE, (Mail	Typed or printed name of signee
	Page 3 of 3
	l age J of J

Filing Fee: \$25.00