

LD400006538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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FILED
11 JUL 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rodrigue Services 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:

Joshua Rodrigue

Name of Person

Rodrigue Services LLC

Firm/Company

8951 Bonita Beach Rd. Ste. 521-293

Address

Bonita Springs, FL 34135

City/State and Zip Code

jrodrigue@rodrigueservices.com

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

For further information concerning this matter, please call:

Joshua Rodrigue

Name of Person

at (337) 380-0953

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Rodrigue Services 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 9/9/2004 and assigned Florida document number L04000066538.

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 end with 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)

8951 Bonita Beach Rd.

Suite 521-293

Bonita Springs, FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8951 Bonita Beach Rd.

Suite 521-293

Bonita Springs, FL 34135

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:

Joshua Rodrigue

New Registered Office Address:

8951 Bonita Beach Rd, Suite 521-293

Enter Florida street address

Bonita Springs
City

Florida

34135
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 608, 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

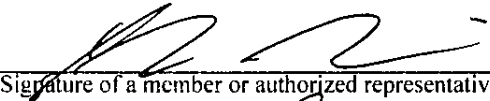
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joshua Rodriguez	20364 Larmo Loop Estero, FL 33928	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joshua Rodriguez	8951 Bonita Beach Rd. Suite 521-243 Bonita Springs, FL 34135	<input checked="" 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 <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 25, 2011



Signature of a member or authorized representative of a member
Joshua Rodriguez

Typed or printed name of signee