Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BROWARD SOHO SERVICES (INC. Account Name

Account Number : I20100000080

Phone Fax Number : (954)366-3850 ; (954)633-7850

\*\*Enter the email address for this business entity to be used for fur annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & C REMODELATIONS LLC

والمتعالية بمسته والأناث واستشاعتها والمتابعة والمتعارض والمتعارض والمتعارض والمتعارض والمتعارض والمتعارض	
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Corporate Filing Menu

Help

Fax: (964) 833-7850

43

To:

Fax: (850) 617-8383

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COVER LETTER

TO:	Registration Se Division of Cor			<b>.</b>
SUBJECT:		R & C REM	ODELATIONS LLC	
SOD9.	EC1;	Name of Limi	ted Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following: 10	
		· cı	LAUDIA MONTESINOS	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		R & 0	REMODELATIONS LLC	
			Firm/Company	
			2210 NW 41 TER	
			Address	· · · · · · · · · · · · · · · · · · ·
		со	CONUT CREEK, FL 33066	
		1,11,11,11,11,11,11,11,11,11,11,11,11,1	City/State and Zip Code	, 10-20-10-10-10-10-10-10-10-10-10-10-10-10-10
			XRIGHT7@YAHOO.COM	
		E-mail address: (1	to be used for future annual report notif	ication)
For fu	ther information c	oncerning this matter, please or	all:	
	CLAUDIA M	ONTESINOS	954 696-3494	
Name of Person		Area Code Daytime	Telephone Number	
			Company of the second of the s	
Enclos	sed is a check for the	he following amount:	ं हो 	A
	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &  Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate topy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

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

From: Amelia Basso

Fax: (954) 833-7850

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## ARTICLES OF AMENDMENT TO -

## ARTICLES OF ORGANIZATION OF

R & C REMODEL.			
(Name of the Limited Liability Company (A Florida Limited Lia	as It now as	ppears on our records.)	
The Articles of Organization for this Limited Liability Company w	:		and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the limited liabili	ty compar	ny here:	
R & C IMPROVEMENTS LL	C		
The new name must be distinguishable and contain the words "Limited Liability	Company,"	the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		( 10 Mg)	
······································	٠.	· •	
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	•	
		: 	
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce addres	s on our records,	enter the name of the ne-
Name of New Registered Agent:		: 	N3.
New Registered Office Address:		r Florida sireet address	
	13ME	Flor	
	City	:	m-< 21 Peode
New Registered Agent's Signature, if changing Registered Agent:		:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformand ovided for	ce of my duties, and in Chapter 605, F.	I am famili <del>ar</del> with and S. Or, if this document is
	·	- :	
If Chang	lng Register	ed Agent, Signature of	New Registered Agent

Page 1 of 3

om: Amelia Basso Fax: (954) 633-7850 To: Fax: (850) 617-8383 Page 4 of 7 04/30/2018 11:31 AM

From: Amelia Basso Fax: (954) 633-7850 To: Fax: (850) 617-6383 Page 4 of 7 04/30/2016 17/31 AM

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
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Dated	FEBRUARY 09	2018	;	`	78.85 78 78 78 78 78 78 78 78 78 78 78 78 78	,
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	Signat	ure of a member or authorized representa-	live of a membe	ा ।		_
		CLAUDIA MONTESINOS	- 1			

Page 3 of 3

Filing Fee: \$25.00