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COVER LETTER

TO:	Registration So Division of Cor						
SUID		ties Maintenance, LLC					
SUBJECT:Name of Limited Liability Company							
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Pleas	e return all correspo	ondence concerning this matter	to the following:				
		Marło Harris					
		RLH Facilities Maintenance	Name of Person ee, LLC				
		5036 Dr. Phillips Blvd. Su	Firm/Company ite 186				
		Orlando, FL 32819	Address	<u></u>			
		mocservices@yahoo.com	City/State and Zip Code				
		E-mail address; (to be used for future annual report noti-	fication)			
For f	urther information c	oncerning this matter, please ca	all:				
Marl	o Harris		407 425-1130				
	Name o	f Person	at () Area Code Daytimo	Telephone Number			
Enclo	osed is a check for th	ne following amount:					
₽ S	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 ARTICLES OF ORGANIZATION

RLH Facilities Maintenance, 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 $\frac{10/05/2007}{1}$ _ and assigned Florida document number <u>L06000085878</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices 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) 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: New Registered Office Address: Enter Florida street address

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 amencling Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = -Manager

	Nama	<u>Address</u>	Type of Action
<u>Title</u> AMBR	Name Robert L. Harris, Jr.	8837 Ellions Court Orlando, FL 32836	j Add
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Filing Fee: \$25.00