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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RC SCEVICES LLC. (Name of Limited Liability Company)	
(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:	
rease return an correspondence concerning this matter to the following.	
PAQUE L Sanborn (Name of Person)	
RC SERVICES LLC (Firm/Company)	
5024 N. Woodcrest De.	
Winter Park, FL 32792- (City/State and Zip Code)	•
(City/State and Zip Code)	,
For further information concerning this matter, please call:	ı
RAQUE Sanborn at (407) 2-67-734 (Name of Person) (Area Code & Daytime Telepho	<u>u8</u>
(Name of Person) (Area Code & Daytime Telepho	one Number)
Enclosed is a check for the following amount:	,
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$Certificate of Status\$\$ \$Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RC SERVICES (Name of the Limited Liability Compan		s on our records.)		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company	were filed on	10/5/06	and assig	ned
Florida document number <u>L 0 6 0 0 0 0 9 6 4 3 2</u>				
. ,				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the ab	breviation
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 here		ur records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:	•		7. 8	
New Registered Office Address:			E E	****
	(En	nter Florida street ada	lress):	1 7
		. Florida	SS: F	į
	(City)	, rioi ida	(Zip Code)	[, 1]
New Registered Agent's Signature, if changing Registered Agent:	•		- CONT S.	أسيب
I hereby accept the appointment as registered agent and agre				241.
the provisions of all statutes relative to the proper and comple	ete performance :	of my duties, and I a	m familiar w	vith and
accept the obligations of my position as registered agent as p	rovided for in Ch	apter 608, F.S. Or, 1	if this docum	ient 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 amending the Managers or Managing Member's 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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> RAQUEL Sanbuen MGR Remove Charles Sanborn 5024 N- Woodcrost Dr. Add
 Remove Add · Remove ☐ Add 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Page 2 of 2

Filing Fee: \$25.00