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SECRETARY OF STATE

COVER LETTER

	ation Section n of Corporations
	3 Inspections LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Richard Verblaauw
	Name of Person
	R3 of Florida LLC
	Firm/Company
	11934 Prince Charles Ct
	Address
	Cape Coral, Fla. 33991
	City/State and Zip Code
	rverblaauw@gmail.com
	E-mail address: (to be used for future annual report notification)
For further infor	mation concorning this matter, please call:
Richard Verl	blaauw 239 443-6579
- H	Name of Person Area Code Daytime Telephone Number
Enclosed is a cho	cck for the following amount: Compared to the following amount:
₩ 323.90 PHRI	Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Cortified Copy Cortified Copy

MAILING ADDRESS: Registration Section

Paid already

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
Tallahassoc, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART		ORGANIZATION OF	TALLAHASS
R3 Inspctions LLC			TAS TO
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	E P
The Articles of Organization for this Limited L	iability Company	were filed on 09/18/2007	and assigned
Florida document number L07000095324	·		RIDA
This amendment is submitted to amend the following	lowing;		
A. If amending name, enter the new name of	of the limited liah	ility company here:	
R3 of Florida LLC			
The new name must be distinguishable and end with the	words "Limited List	pility Company," the designation "J.J.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	1134 Prince Charles Ct	
(Principul office address MUST BE A STREET ADDRESS)		Cape Coral Fla 33991	
,			<u></u>
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE ROX)		P.O. Box 152205	
		Cape Coral Fla 33915	
B. If amending the registered agent and registered agent and/or the new registered o			the name of the new
Name of New Registered Agent:	same		
New Registered Office Address:	same		
		Enter Florida street address	
	- h	, Florida	
		City	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

MGR = Manager

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	same	Fortis designation	
		<u> </u>	
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Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)	t or filed date and cannot be more than 90 days after
Dated	
	afilhorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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