208000071831

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| SEP - 6 2013 |
| A. LUNT |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|---|---|--|---------|---|
| SUBJECT: | RCS Property Name of Limit | Gervices, LLC d Liability Company | _ | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Richar | rd A. Yingling Name of Person | - Uto | | |
| | RCS Pr | Operty services, L | LC | | |
| | 6605 | 16th Avenue Dr. U Address | | 2013 玄野 | *************************************** |
| | <i>Brac</i> | Jenton, FL 3420° City/State and Zip Code | } | ယ် | ******** |
| | PCS POC E-mail address: (to | o be used for future annual report notificati | on) | PH 1: 5 | Lague |
| For further information of | oncerning this matter, please ca | all: | | 69 | |
| Rick Name o | nard A. Yinglin | at (941) 209 - 09 Area Code & Daytime To | 49 Elephone Number | | |
| Enclosed is a check for t | he following amount: | | , | | |
| □ \$25.00 Filing Fee | □S30.00 Filing Fee & Certificate of Status | □S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy | | ed) |

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

| . RCS | Property Services | LLC |
|--|---|-----------------------------------|
| (<u>Name of the Limited Liabi</u> (A Flori | Property Services lity Company as it now appears on da Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liabilit | h . | 25 2008 and assigned |
| This amendment is submitted to amend the following | :: | |
| A. If amending name, enter the new name of the l | limited liability company here: | |
| RCS Pools | Ervices LLC | |
| The new name must be distinguishable and end with the "L.L.C." | words 'Limited Liability Company.' | (|
| Enter new principal offices address, if applicable: | | 28H S |
| (Principal office address MUST BE A STREET AD | DRESS) | 表 别 0 |
| | | Site do T |
| | | |
| Enter new mailing address, if applicable: | | 95 - |
| (Mailing address MAY BE A POST OFFICE BOX) | | 受益 25 |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter F | lorida street address |
| | | , Florida |
| | Ciņ | 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>Title</u> | Name | Address | Type of Action |
|---------------------------------|--|---|----------------|
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| D. If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
|----------|--|-------------|--|
| • | , ———————————————————————————————————— | | |
| • | | | |
| • | | | |
| | | | |
| | | | |
| Dated _ | August, 26 . 2013. | | |
| | Signature of member of authorized representative of a member | | |
| | Pichard A. Yingling Typed or printed name of signed | | |
| | Page 3 of 3 | | |
| | Filing Fee: \$25.00 | | |
| | | (A) | |