2015-08-05 14 18:03 (GMT)

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H150001892213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : 120070000159

Phone

: (239)777-1026

Fax Number

: (877)275-3593

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

Email Address: etc@licensesetc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RLS CONSTRUCTION GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

To: Sunbiz LLC Amendment Page 4 of 7 2015-08-05 14:18:03 (GMT) From: Licenses Etc. *(((H15000189221 3))) **COVER LETTER** TO: Registration Section **Division of Corporations** SUBJECT: RLS Construction Group, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa Adams Name of Person Licenses, Etc. Firm/Company 886 110th Ave. N., Suite #6 Naples, FL 34108 City/State and Zip Code censesetc.com

L-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Adams Name of Person Enclosed is a cheek for the following amount: □ \$30,00 Filing Fee & ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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:

Certified Copy

(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

2015 (AUH15090189331 3)))
SECRETARY OF STATE
FALLAHASSEL FLURGIA

RLS Co	nstructio	n Group, LLC	C			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears of Liability Company)	our records.)			
The Articles of Organization for this Limited Liab	ility Company	were filed on08/	/13/2008	and assigned		
Florida document number L08000078045			-			
This amendment is submitted to amend the follow	ing:					
A. If amending name, <u>enter the new name of th</u>	e Umited liab	llity company here:				
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the desig	nation "LLC" or the at	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:		13440 53rd Ct. N.				
(Principal office address MUST BE A STREET).	Principal office address MUST BE A STREET ADDRESS)		West Palm Beach, FL 33411			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		13440 53rd Ct. N. West Palm Beach, FL 33411				
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		<u>e</u> :	ir records, <u>enter</u>	the name of the new		
New Registered Office Address:	13440 53	rd Ct. N.				
The wine grant of the Authors.	Enter Florida street address					
	West Palm Beach		, Florida	33411		
		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 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 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>	Name	Address	Type of Action
MGRM	Richard L. Saurel	13440 53rd Ct. N.	
		West Palm Beach, FL 33411	□ Remove
			■ Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			Change

								
	**************************************		<u> , , , , , , , , , , , , , , , , , , </u>					
					· · · · · · · · · · · · · · · · · · ·			
						· · · · · ·		
		· 141		~				
				<u> </u>				
_								, -
							E	<u> </u>
		,					ل جين	7
							men	
_							== ;::	7: 5 9
								_
Note: If	e date, if other than the cive date is fisted, the date must the date inserted in this blod's effective date on the De	ck does not n	neet the applicat	date of filing or ole statutory fil	more than 90 days ing requirements	optional) after filing.) Pu , this date will	suant to 605.02 not be listed	207 (3)(b) as the
he recor	rd specifies a delayed Oth day after the reco	effective d rd is filed.	late, but not	an effective	: time, at 12:0	01 a.m. on	the earlier	of:
Dated	August 5th		2015	x ()''-				
		Signature of a r	nember or author	zed representati	ve of a member	·		
		-		•				

Page 3 of 3

Filing Fee: \$25.00