608000099557

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: R PRO	PERTY SERVICES				
	(Name of Lim	nited Liability Company)			
		•			
The enclosed Articles of	f Amendment and fee(s) are sub	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:	•	·	
	Ramon Ramirez				
		(Name of Person)			
	R PROPERTY SERVICE	ES, LLC		700 TA	
(Firm/Company)			2008 NOV SECRETALLAHA	~	
	4917 Sorrento Court			T. F*	
		(Address)		<u></u>	. I
	Cons Carel Florida 2200	0.4		PH 2: OF STA	C
	Cape Coral, Florida 3390	(City/State and Zip Code)		2: 10 STATE LORID	
For further information	concerning this matter, please c	call:		A	
Ramon Ramirez		at (239) 462-1631			
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er)	
Enclosed is a check for t	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R PROPERTY SERVICES, LLC (Name of the Limited) (A	Liability Compa Florida Limited L	ny as it now appears on our liability Company)	r records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L08000099557</u>	ability Company	were filed on October 22,	, 2008	_ and ass	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation Ho	00	bbreviation
Enter new principal offices address, if applica	ıble:	4917 Sorrento Court	AHA AHA	NO.	77
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral, Florida 339	904 SSEC.	3 Px	
Enter new mailing address, if applicable:		4917 Sorrento Court	LORIDA		-
(Mailing address MAY BE A POST OFFICE BOX)		Cape Coral, Florida 339	904		
B. If amending the registered agent and/o registered agent and/or the new registered off			ords, <u>enter the</u>	name o	f the nev
Name of New Registered Agent:	Ramon Ramir	ez			
New Registered Office Address:	4917 Sorrento	Court			
		(Enter Flo	rida street addre	ess)	
	Cape Coral	<u> </u>	_, Florida <u>3390</u>	4	
		(City)		(Zip Cod	e)

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marcelo Rodriguez	1717 SW 43rd Lane Cape Coral, Florida 33914	Add Remove
			Add Remove
			Add TI SE Bemove AHP. AHP. Add ACT ACT AND ACT
			A Remove
			Add Remove
		enter change(s) here: (Attach additional sheets, ager in lieu of Managing-Member	if necessary.)
_			
_			
Dated Octol	(and	e of a member or authorized representative of a member	or.
		-	CI
	Kamon Kar	nirez, Manager Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00