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L08000112451

(Requestor's Name)			
(Addre	ess)		
(Address)			
(City/S	State/Zip/Phon	e #)	
		MAIL	
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(Docu	iment Number))	
Certified Copies	Certificate	s of Status	
Special Instructions to Fil	ing Officer:		

Office Use Only



08/10/09--01008--008 **25.00 SECTEMENT OF STATE

S. HAWKES AUG 2 0 2009 EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2009

REUBEN MYERS 828 LAKEVIEW DRIVE WIMAUMA, FL 33598

SUBJECT: RJ UNLIMITED SERVICES LLC Ref. Number: L08000112451

We have received your document for RJ UNLIMITED SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 609A00027416

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

•	COVER LETTER			
	Registration Section Division of Corporations			
SUBJEC	CT: RJ Unlimited Services LLC Name of Limited Liability Company			
Dear Sir	or Madam:			
The encl	osed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this matter to the following:			
	Reuben Myers Name of Person			
	RJ Unlimited Services LLC Firm/Company			
	828 Lakeview Drive Address			
	Wimauma, Fl 33598 City/State and Zip Code			
	<u>unlimited @ verizon.net</u>			
For furth	er information concerning this matter, please call:			
	Reuben Myers at (561) 305-0741			

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS: **Registration Section**

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

ТО	MENDMENT
ARTICLES OF OR	GANIZATION
. OF	
RJ UNLIMITED SERVI	ICES LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lial	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document numberL08000112451	12/09/2008
This amendment is submitted to amend the following:	Tom to
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and end with the words "Limited "1.1.C."	I Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	828 LAKEVIEW DRIVE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	828 LAKEVIEW DRIVE Wimauma, FL 33598
(Principal office address MUST BE A STREET ADDRESS)	Wimauma, FL 33598
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	Wimauma, FL 33598 Same us abour
(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 offic	Wimauma, FL 33598 Same us abour
(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 offic registered agent and/or the new registered office address here:	Wimauma, FL 33598 Same us abour readdress on our records, <u>enter the name of the new</u>
(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 offic registered agent and/or the new registered office address here: Name of New Registered Agent:	Wimauma, FL 33598 Same us abour
(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 offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Wimauma, FL 33598 Same us above

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

Page 1 of 2

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

MOR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
			Add Remove
			Add Remove TILL Add I Remove TILL I S CL Remove II I S CL I S C
			Add Cr.
			Add Remove
			Add Remove
D. If amer	nding any other information, enter el	ange(s) here: (Attach additional sheets, i,	
-			
Dated	8/17/2009,,,	mber or a morized representative of a membe	·F
;	^	yped or printed name of signee Page 2 of 2	
		Filing Fee: \$25.00	

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