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(Re	questor's Name)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 3 2010

EXAMINER

COVER LETTER

BJECT:		s International L.L.	<u> </u>
			;
		. ,	
enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
ase return all corresp	ondence concerning this matter	to the following:	•
			1
		Justin Pijak	
		Name of Person	
	Divers	sified Atlantic Services	LLC
بِ حسر		Firm/Company	
	;	3040 SW 23rd Street	
		Address	
	Fort	Lauderdale Florida 33	312
		City/State and Zip Code	
	jų į	ustinpijak@gmail.com to be used for future annual repo	at well outlook
			n notification)
r further information	concerning this matter, please of	call:	
	Justin Pijak	at (_954)	245-2083
Name of Person		Area Code &	Daytime Telephone Number
closed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Y ACT	t Services II	nternational L.	L.C.			
(Name of the Limite	A Florida Limited	Liability Company)	is on our records.			
The Articles of Organization for this Limited !	Liability Compar	ny were filed on	05/27/2009	and assigned		
Florida document numberL0900005	51438		. :	SECI VISIO		
			1	CRET ION O		
This amendment is submitted to amend the fol	llowing:		t .	FILEI ARY (F COI		
A. If amending name, enter the new name	of the limited lis	bility company he	<u>re</u> :	RPO		
Div	ersified Atlan	tic Services LLC	-	STAT DRAT		
The new name must be distinguishable and end w				LC" or the abareviation		
"L.L.C."		i	S			
Enter new principal offices address, if appli	cable:		İ			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>					
Enter new mailing address, if applicable:		3040 SW 23r	rd Street			
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderd	Fort Lauderdale, Florida 33312			
	• • •		r de la comitación de 			
	,		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new		
				٠		
Name of New Registered Agent:			,	<u> </u>		
New Registered Office Address:	3040 SW	23rd Street				
		En	ter Florida street addi	ress		
	Fo	ort Lauderdale	. Florida	33312		
		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 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 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove Remove Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Justin Pijak Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00