# L100000 26366

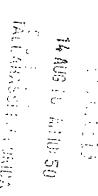
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### **COVER LETTER**

Division of C			
SUBJECT: RCF	R SERVICES L	LC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ROOSEVEL	T ROCHA	
		Name of Person	
	RCR SERV	ICES LLC	
		Firm/Company	
	5415 NW 15	TH STREET BA	Y 31
	<del></del>	Address	
	MARGATE,	FL 33063	
		City/State and Zip Code	
	FER  E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
FERNAND	A LOLA	<sub>at</sub> 954 782 3	610
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed 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 enclosed)	□ \$60,00 Filing Fee, 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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### RCR SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(//	Tionaa Emitea Blabinty Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 02/16/2010	and assigned
Florida document number L10000020366		and assigned
This amendment is submitted to amend the following	ing:	1
A. If amending name, enter the new name of th	e limited liability company here:	
RCR PAINTING & WATERPROOF	ING LLC	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. Maria II. da		
registered agent and/or the new registered offic	registered office address on our records, enter e address here:	the name of the new
	<del></del>	12.0
Name of New Registered Agent:		<u> </u>
		S: - 400
New Registered Office Address:	Enter Florida street address	<u>S</u> C
	Emer r iorida sireei daaress	The same
_	, Florida	
	City	Zip Code J
New Registered Agent's Signature, if changing Reg	istered Agent:	₹7, — <del>-</del>
provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this capacity. I further againd complete performance of my duties, and I am J red agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lin ange.	familiar with and if this document is
	If Changing Registered Agent Signature of New Re	aistered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			Add
			□ Remove
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