# \*L10000031594

(Re	questor's Name)	
	•	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500265715595

10/27/14--01037--002 \*\*160.00

SECNETARY OF STATE

## COVER LETTER

Division of C	n Section Corporations	
•	Site Solutions, LLC	
	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Randy Zachary	
	Name of Person	
	RKC Site Solutions, LLC	
	Firm/Company	
	3559 John Anderson Drive	
	Address	
	Ormond Beach, FL 32176	
	City/State and Zip Code	
	info@rkcsitesolutions.com	
For further informatio	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:	
Randy Zachary	386 405-4474	
Nam	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Statu 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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2014

RANDY ZACHARY 3559 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

SUBJECT: RKC SITE SOLUTIONS, LLC

Ref. Number: W14000065377

We have received your document for RKC SITE SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

This name is already filed.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 014A00023033

# ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION **OF** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2814 OCT 27 AM 10: 02

RKC Site Solutions, LLC

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

The Articles of Organization for this Limited Florida document number L10000031594	Liability Company	were filed on Marc	h 23, 2010 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and end with th	e words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
F-4			
Enter new mailing address, if applicable:		2550 Jaha And	erson Drive
(Mailing address MAV DE A DOCT OFFICI	T DAY	- anny Ann Ann	
Mailing address MAY BE A POST OFFICE	<u> </u>	Ormond Beach	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of the new	d/or registered of office address here	Ormond Beach fice address on ou	, FL 32176
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered offoffice address here Randy Zach	Ormond Beach fice address on ou :	, FL 32176
B. If amending the registered agent an registered agent and/or the new registered	d/or registered offoffice address here Randy Zach	Ormond Beach fice address on ou : ary	, FL 32176 r records, enter the name of the
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered offoffice address here Randy Zach	Ormond Beach fice address on ou : ary Anderson Drive Enter Florida s	, FL 32176 r records, enter the name of the

y 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

Page 1 of 3

MGR≃ N AMBR = A	Manager Authorized Member	,	
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			<del></del>
			□ Add
		<del></del>	Remove
			Add
			Remove
			Add
			□ Remove
			Add
			□ Remove
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add
			Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

ective date, if other than the da	ate of filing: 11/03/14	(optional)
effective date must be specific, cannot l	be prior to date of receipt or filed date and cannot l	(optional) be more than 90 days after
effective date must be specific, cannot ledge this document is filed by the Florid	be prior to date of receipt or filed date and cannot l	(optional) be more than 90 days after
effective date must be specific, cannot l date this document is filed by the Florid	be prior to date of receipt or filed date and cannot l da Department of State)	(optional) be more than 90 days after
effective date must be specific, cannot leate this document is filed by the Florid	be prior to date of receipt or filed date and cannot l da Department of State)	(optional) be more than 90 days after
effective date must be specific, cannot led date this document is filed by the Florid ed November 03	be prior to date of receipt or filed date and cannot l da Department of State)	pe more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

