Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000876383)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP

Account Number : I20060000145 : (305)769-4936 Phone

Fax Number : (305)769-1844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R.G.R.C. ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K. G. K.	C. ENT	ER PRIS	ES, L	<u>cc</u>	
(Name of the Limited Liab (A Flor	ollty Company as it n ida Limited Liability (Company)			
The Articles of Organization for this Limited Liabili Florida document number <u>LIO 0000</u> 4		ed on	lez 20	10 and a	ssigned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability con	npany here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabi	ility Company,"	the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable	<u> </u>				
(Principal office address MUST BE A STREET AL	DDRESS)		j	₹ 7 5	
				- 75	41177
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	TANY ASSET	
(Mailing address MAY BE A POST OFFICE BOX	2]. []
			5	25 3	
B. If amending the registered agent and/or re registered agent and/or the new registered office		lress on our r		the name	of the new
Name of New Registered Agent:	LEIUALD	OFE	PAIL		
New Registered Office Address:	3803 S MIRAMO	W 170	av E	7.7	
	111000	Enter F	orida street at	idress	0.5
-	City	4/2	, Florida _	250 Zip Co	de
New Registered Agent's Signature, if changing Regis				•	
	_				

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 Hegistered Agent, Signature of New Registered Agent

Page 1 of 2

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		Name		Address	Type of Action
MGM)	P	CONCETTA	MORAUA	3803 SW 170 AVE MIRAMARIFL 23027	Add Remove
MGMK	2	Reinaldo J	T. BAIL MOLA	4 3803 SW 170 ave MIDAMAR, FC 33027	Add Remove
		61ANNI		3803 SW 170 AVE	 □ Add
					Add
	,				Remove
		:			Add Remove
					Add
D. If ame	nding	any other inform	ation, enter change	(s) here: (Attach additional sheets, if necessar	y)
-					₹ 75
				ABA	
_				80 90 90 90 90	Fig. 3.
- -	٠.			771	<u> 35 W</u>
-				5	
Dated	A.	PRIC 4	, 20	<u>12</u>	
. •	.	Si	gnature of a member of	or authorized representative of a member	
	· .		REINA	100 I BALL	
	•		Typed o	Page 2 of 2	