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Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	
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EXAMINER

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COVER LETTER

TO:	Registration S Division of Co						
CHDI	PCT.	R & A PRESERV	ATION SERVICES L	LC			
JOBOLCI.			nited Liability Company		_		
The er	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
		RICO OZ-MAR Name of Person					
RICO'\$ PROFESSIONAL SERV			CES				
			Firm/Company		E SE	2012	
1390		901 SW 279TH. LANE		AR	2	77	
Address			ASS	ភ	Sime n		
	HOESTEAD, FL. 33032		E S	70			
	City/State and Zip Code				-15. 1.S.		
		RICO	OZMAR@YAHOO.COM			2012 AUG 13 PH BB 49	
For fu	orther information	E-mail address: (concerning this matter, please of	to be used for future annual report no call:	otification)	La -		
. 01 14							
RICO OZ-MAR Name of Person			at (786)	970-7999 time Telephone Numb	ner	-	
	Name	or Person	Area Code & Day	ише текернопе гчани	IX.I		
Enclo	sed is a check for	the following amount:					
₹ 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifi	Filing Fed cate of Sided Copy onal copy	tatus &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & A PRESE	RVATION SERVICES	S LLC		
(A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	06/10/2010	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
			25	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	y," the designation (L)	C" of the abbreviation	
Enter new principal offices address, if applicable:		AR	<u> </u>	
(Principal office address MUST BE A STREET ADD)	RESS)	(T. Q)		
			5	
Enter new mailing address, if applicable:		S.C.	``	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the	name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address , Florida			
	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 Changing Registered Agent, Signature of New Registered Agent



MGR = Manager

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;

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** AILEEN DELGADO 17535 SW 13TH, ST. ☐ Add PEMBROKE PINES, FL. 33029 ✓ Remove MGRM ROBERT SOLIS 10050 SW 12 ST. ✓ Add MIAMI FL 33174 Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2017 Dated Signature of a member of authorized representative of a member-RICO OZ-MAR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00