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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## ~COVER LETTER

	stration Section sion of Gorporations
SUBJECT:	R & B Services LLC
3000001.	Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Ryan Carnevale
	Name of Person
	R & B Services LLC
	Firm/Company
	5817 32 Aug
	Address
	Sand Retushing FC 33710
	Sand Partushin FC 33710  Gay/State and Zip Code  14c Car 201 Cyahoo. com  E-mail address: (to be used for future annual report notification)
For further int	Formation concerning this matter, please call:
Ryan Carneva	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
■ \$25.00 Fi	ling Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION

ARTIO	CLES OF 0	RGANIZATION F	2016 JUL 13 PM 12: 49
(Name of the Limited	Liability Compai A Florida Limited L	y as it now appears on our re lability Company)	COORDS.) TALLERANY OF STATE
The Articles of Organization for this Limited Lia	bility Company	were filed on 7/11/2016	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
Principal office address MUST BE A STREET ADDRESS)		5817 32 Ave	
		Saint Petersburg, FL 3371	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	SAME	
B. If amending the registered agent and/o registered agent and/or the new registered offi			ords, enter the name of the new
Name of New Registered Agent:	Ryan Carnevale		
New Registered Office Address:	5817 32 Ave	Enter Florida street a	ddress
	Saint Petersburg		
		City	, Florida <u>33710</u> 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 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 Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
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		700		<b>-</b> ·				
		Signature of a n	nember or author	ized representativ	e of a member		· ————	
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Page 3 of 3

Filing Fee: \$25.00