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BIVISION OF CORPORATIONS

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COVER LETTER 🧳

. Division of Corporations
SUBJECT: R & S Endeavors One LLC 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:
Taso Stassi Name of Person R & S Endeavors One, LLC Firm/Company
4016 Little Rd.
Trinity, FL 34654 City/State and Zip Code
Hasoitaliano Q Vahoo. Com E-mail address: (to be used for futural annual report notification)
For further information concerning this matter, please call:
Taso Stassi at 727, 992 7310
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		Sion T
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		CONT. 100 P. 110 D
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		:/h
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	ida
	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 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
marm	Peter Rostel	4016 Little Road	Add
		4016 Little Road Trinity FL 34655	X Remove
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(If an eff	we date, if other than the date of filing: Q -	207 (3) as the
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated .	10-27, 2016.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00