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SECRETARY OF STATE
ALLAHASSEE FI ORINA

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	CCT: RYLOR CARPENTER, LLC  Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all corres	pondence concerning this matter	r to the following:						
	RC	RODRIGUEZ, ROLANDO Name of Person						
	RYLOR CARPENTER, LLC Firm/Company							
	10730 SW 38 STREET Address							
	MIAMI, FL 33165 City/State and Zip Code							
F 6		O.GUERRA@ME.COM to be used for future annual report notification	n)					
	concerning this matter, please of		0705					
	ARDO A. GUERRA e of Person	at ( <u>305</u> ) <u>986</u> Area Code & Daytime Tele	phone Number					
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (	s					

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R' ( <u>Name of the Limite</u> (	YLOR CARE	PENTER, LLC any as it now appear	rs on our records.)	·		
	A Florida Limited	Liability Company)				
The Articles of Organization for this Limited I	Liability Compan	y were filed on	08/04/2011	and assi	gned	
Florida document numberL1100008	9760					
This amendment is submitted to amend the fol	lowing:		٠			
A. If amending name, enter the new name	of the limited lia	bility company her	<u>·e</u> :			
R&R F	REMODELING	SOLUTIONS, L	LC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Compa	any," the designation	ı "LLC" or the at	breviation	
Enter new principal offices address, if applicable:		N/A		<b>B 2</b>		
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>		
				<del></del>		
				SEE -		
Enter new mailing address, if applicable:		N/A			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				22 T		
				SE S		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ente</u>	r the name of	the new	
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
				Enter Florida street address		
		<u></u>	, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = N$	inager Managing Member		
Title ·	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			AddRemove
D. If amen	ding any other information, enter chan		ZOLI DET I I RA TI OG
Dated	Signature of a member	O11  Block  ey or a 4thorized representative of a member	
	Rolan	d or printed name of signed	
	•	Page 2'of 2	

Filing Fee: \$25.00