12000040916

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(Address)		
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

RDC INSPECTIONS, 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:

CANDICE N. CARR, ESQ.

Name of Person

OUELLETTE CARR, LLC

Firm/Company

9120 GRIFFIN ROAD

Address

COOPER CITY, FL 33328

City/State and Zip Code

CANDICE@BROWARD-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDICE N. CARR

_954 **727-3347**

Name of Person

Arca Code & Daytime Telephone 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)

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 TO ARTICLES OF ORGANIZATION OF

RDC INSPECTIONS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(Λ	Florida Limited Liability Coi	npany)	
The Articles of Organization for this Limited Li Florida document number <u>L12000040916</u>	ability Company were filed	on 03/23/2012	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability	y Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	,	<u> </u>	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
			·
B. If amending the registered agent and/or registered agent and/or the new registered of		ess on our records, enter	the name of the new
-			
Name of New Registered Agent:			
	9120 Griffin Road		
New Registered Office Address:	Enter Florida street address		
	Cooper City	Florida 3	3328
	City	, Florida <u>3</u>	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regis being filed to merely reflect a change in the	roper and complete perfo stered agent as provided f	rmance of my duties, and I for in Chapter 108, F.S. Or,	am familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	,		Add	
			Remove	
				
			Remove	
			_	
			Add	
	·		Remove	
			_	
			Add	
			Remove	
			Adid	
		•	Remove	
			_	
			Add	
			Remove	

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	·
-	
~	
ited	April 19, 2013.
	Signature of a member or authorized representative of a member Lichard Care
	Typed or printed name of signee

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Filing Fee: \$25.00