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COVER LETTER

10:	Division of Co		,; ⁴		
SUBJE	ECT:	RSC WINDO	OW INSTALLS LLC	4	
1			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			<u> </u>		
	•		Name of Person		
	RSC WINDOW INSTALLS LLC				
		Fírm/Company			
		4	4 HERITAGE COVE CT		
			Address		
		CA	SSELBERRY FL 32707		
****	<i>!</i> ,	DOD	City/State and Zip Code		
		E-mail address: (AVEN67@YAHOO.COM to be used for future annual report notions.	fication)	
For fur	ther information	concerning this matter, please o	call:		
	ROE	BERT CRAVEN	at (407)	314-9049	
	Name	of Person		ne Telephone Number	
Enclose	ed is a check for t	the following amount:		9	
∑ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

12 MAY 17 PM 2: 25
SECRETANY OFFICE

RSC WINDOW INSTALLS	S LLC i	ALLAHICC UFSTA
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	ALLAFIASSEE, FLORI
The Articles of Organization for this Limited Liability Company were filed on	03/27/2012	and assigned
Florida document numberL12000042015	-	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
The new name must be distinguishable and end with the words "Limited Liability Co"L.L.C."	ompany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAV DE A BOST OFFICE DOV		
·		
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	· 	
New Registered Office Address:		
	Enter Florida street add	lress
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MICHAEL FOSTER	300 E 20TH ST SANEORD, FL 32771	
	 		D Damassa
			— n.
	-		□ Damana
			- Demove
.			Add Remove
D. If ar	nending any other information, ente	r change(s) here: (Attach additional sheets. if	necessary.)
	Fluctonia	01/2	
Dated _	\$/15/2012 Signature of a	member or authorized representative of a member	
		ROBERT CRAVEN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00