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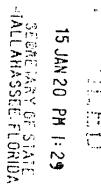
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## **COVER LETTER**

TO: Reg Div	istration Sec	oration's		•
SUBJECT:	RICO'\$ P	ROFESSIONAL SERV	/ICES LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ANISHA ORTIZ-GO	NZALEZ	
			Name of Person	
		RICO'\$ PROFESSION	ONAL SERVICES	
		Water Indiana Control of the Control	Firm/Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		13901 SW 279 LN		
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Address	
		HOMESTEAD, FL 3	3032	
			City/State and Zip Code	
		ANISHA@RICOSPR	O.COM to be used for future annual report notific	eation)
For further in	nformation co	oncerning this matter, please ca	-	
ANISHA	ORTIZ-GO	ONZALEZ	786 202-4032	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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

## **RICO'\$ PROFESSIONAL SERVICES**

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

The Articles of Organization for this Limited Liability Company Florida document number <u>L12000068558</u>	were filed on 05/22/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6171 MIAMI LAKES DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI LAKES, FL 33014	and demokratical field of the second
		B
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		the name of the new
New Registered Office Address.	Enter Florida street address , Florida	AN 20
	City	CZip Tode
New Registered Agent's Signature, if changing Registered Agent:		C - (4-4)
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANISHA ORTIZ-GONZALE Z	415 NW 118 ST	🖸 Add
		MIAMI, FL 33168	Remove
MGRM	ANISHA ORTIZ-GONZALE Z	15569 MIAMI LAKEWAY N #203	<b>II</b> Add
		MIAMI LAKES, FL 33014	□ Remove
			🗖 Add
			□ Remove
	<u></u>		
			Remove  SERVINGY OF
			SFE CO And The Control of the Contro
			□ Remove

(The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	date and cannot be more than 90 days after

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Filing Fee: \$25.00

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