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SECRETARY OF STATES

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SEP 28 2018

## **COVER LETTER**

то:	Registration Sec Division of Corp			
emm	R&A HOME	S LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		ROSA VERGARA		
		R&A HOMES LLC	Name of Person	
		2927 SW 4TH PLACE	Firm/Company	
		CAPE CORAL, FLORIDA	Address A, 33914	
		rosa_vergara87@hotmail		
Dar for	har information co	E-mail address: (t neerning this matter, please ca	o be used for future annual report notificate.	cation)
	VERGARA	Williams thater, please ea	239 895-7071	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e 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

ty Company as it now appears on our records.) i Limited Liability Company)	<del></del>	
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ited Liability Company," the designation "LLC" o	or the abbreviation "L.L	C."
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Enter Florida street address		
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	tered office address on our records, ress here:  Enter Florida street address	ited liability company here:  ited Liability Company." the designation "LLC" or the abbreviation "LLC"  EESS)  Company." the designation "LLC" or the abbreviation "LLC"  Enter Florida street address  Enter Florida street address  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 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>	<u>Address</u>	Type of Action
MGRM	ALBERTO PEREYRA		
		2927 SW 4TH PLACE	L Add
		CAPE CORAL, FL. 33914	■ Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to contact. If the date inspect distributed by the date is listed to be prior to contact.	date of filing or more than 90 days after filing.) Pursuant to 605.00
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be fisted
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
SEPTEMBER 20 2018	
Till-	•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00