

L13000008190

(Requestor's Name)

(Address)

(Address)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

RCC Tint & Accessories, LLC.

SUBJECT: _____
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:

Robert Shiver

Name of Person

RCC Tint & Accessories

Firm/Company

5227 Boswell Road

Address

Spring Hill, FL 34608

City/State and Zip Code

shivermetinters@icloud.com

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

For further information concerning this matter, please call:

Robert Shiver

727

967 - 3525

at (_____) _____

Name of Person

Area 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**

RCC Tint & Accessories, LLC.

(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 were filed on 16 January, 2013 and assigned
Florida document number L13000008190

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RCC Tint & Accessories

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5227 Boswell Road

Spring Hill, FL

34608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5227 Boswell Road

Spring Hill, FL

34608

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Shiver

New Registered Office Address:

5227 Boswell Road

Enter Florida street address

Spring Hill

Florida 34608

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 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>	<u>Type of Action</u>
President	Catherine Lillian Shiver	8348 Little Road	<input type="checkbox"/> Add
		Suite #177	<input checked="" type="checkbox"/> Remove
		New Port Richey, FL. 34654	<input type="checkbox"/> Change
Owner	Robert Shiver	5227 Boswell Road	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
President	Maria Andrews	5227 Boswell Road	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Catherine Lillian Shiver (Wildfeuer) is not to have any affiliation with RCC Tint & Accessories. Catherine Shiver
(and any representative on her behalf) is not authorized to utilize the business name and or any affiliates, in any
form without written notarized consent form the Owner, Robert Shiver.

RS.

7 November, 2016

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 7 November, 2016



Signature of a member or authorized representative of a member

Robert Shiver, Owner | CEO - RCC Tint & Accessories

Typed or printed name of signee

16 NOV 21 PM 4:39

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CLERK OF COURT
STATE OF MICHIGAN