L13000057424

(Requestor's	Name)
(Address)	
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(City/State/Z	ip/Phone #)
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(Document I	Number)
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DIVISION OF DERFORMICH

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COVER LETTER

TO:		istration Sec ision of Corp				
eim i	uzve.		uction Management & Mainte	nance LLC		
SUBJ	IECT:	Name of Limited Liability Company				
The e	nclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return	all correspor	ndence concerning this matter	to the following:		
			Andrew Delgado			
				Name of Person		
				Firm/Company		
			3888 Mannix Drive Suite 3	317		
				Address		
			Naples, FL 34114			
				City/State and Zip Code		
			swflrrr@gmail.com			
				to be used for future annual repo	ort notification)	
For fu	arther in	nformation co	oncerning this matter, please co	all:		
Andre	ew Del	gado		239 465-78 at ()	888	
		Name of	Person	Area Code I	Daytime Telephone Number	
Enclo	sed is a	check for th	e following amount:			
■ \$:	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

RRR Construction Management & Maintenance 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 $\frac{04/19/2013}{1}$ ___ and assigned Florida document number L13000057424 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
			□ Remove
			Change
			D A₫d
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ective date, if other than t	andata of filings	(
effective date is listed, the date n	ust be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this ument's effective date on the	block does not meet the applicable statutory fill Department of State's records.	ing requirements, this date will not be listed as
record specifies a delay	ed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of
he 90th day after the r	cord is filed.	time, at 12.01 a.m. on the carner of
June 6th	2018	
June 6th		
	(((((((((((((((((((ve of a member

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Typed or printed name of signee

Filing Fee: \$25.00