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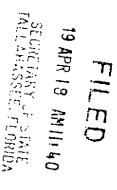
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Special Instructions to F	iling Officer:	

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: R &	R Ultra Clean Name of Limi	ted Liability Company	LC
The enclosed Articles of A	mendment and fec(s) are sub	mitted for filing.	
Picase return all correspond	dence concerning this matter t	to the following:	
	Rosemond	Adescat Name of Person	
	RTR Ultra C	leaning Services, Firm/Company	uc_
	7101 N Com	mercial Blvd S Address	urte 4C
	Tamarac, F	City/State and Zip Code	
		VANOO .COM  o be used for future annual report notifi	
For further information cor	ncerning this matter, please ca	ill:	
Rosemond Name of I	Adescat	at ( <u>786) 6   6 -</u> Area Code Daytime	1195 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**

R & R VHra Clea (Name of the Limite	Ming Sex d Liability Compar A Florida Limited L	iv as it now appears on	our records.)		
The Articles of Organization for this Limited Lia		were filed on _\S\	12/13	and as	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ity Company," the design	nation "LLC" or the	abbreviation "I	L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREE)	(ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:				APR 18	<u></u>
(Mailing address MAY BE A POST OFFICE E	ROX)				TI
				ACINO JANE 04 AU	
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>ent</u>	er the name	of the new
Name of New Registered Agent:	Billy	Francois			
New Registered Office Address:		ᅟᅟᅟᅟᄉᅻᅜ	Street address	Apt A3	
	Coral S	Enter Florida s  City	, Florida	3306S Zip Code	<u>-</u>
New Pagistared Agent's Signature if changing D	onictored Agents				

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
MGR	Billy Francois	11606 NW 29th Street Al Coral springs, FL 3306	24 A3 X Add
			Remove
			Change
MGR	Rosemarie (Reid		
		7548 NW 17m DR Hollywood, FL 33024	Remove
			Change
			SECULIAN DE Change Add
			Schappe In Schappe
			Remove
		·	Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change

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ective date, if other a effective date is listed te: If the date insert current's effective date.	l, the date must be spec- ted in this block does	ific and canno s not meet th	ne applicable	ate of filing or	more than 90 ling requiren	(option days after nents, this	filing.) Pu	rsuant to not be	o 605.026 : listed a
record specifies The 90th day afte	a delayed effect er the record is I	tive date, filed.	but not a	n effective	e time, at	12:01 a	.m. on	the e	arlier (
ed <u>APril</u>	16th	,20	2/9						
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	o se Signatur	mond re of a membe	τ or authorize	d representati	ve of a memb	er			_