

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000289980520

09/12/16--01031--023 \*\*25.00



D. SCOTT OCT 0 3 2016



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 16, 2016

RICHARD D CORR PO BOX 55 RIVERVIEW, FL 33568

SUBJECT: RDC RESTORATIONS LLC

Ref. Number: L1300139625

We have received your document for RDC RESTORATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A0001979

Document 15 Signed please send new Ouperrent

LLC copp. documents

Thanks Rehard Corr

www.sunbiz.org

## **COVER LETTER**



SUBJECT:	RDC	RESTORATIONS	LLC.
		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:
Richard D. Corre
RDC RESTORATIONS LLC
POBOX 55 Address
RIVERVIEW IL 33568 City/State and Zip Code
FOR E-mail address: (to be used for future annual report nonffication)
For further information concerning this matter, please call:
Richard Core at (873) 770-8010  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Service Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

RDC Re	STOROTION S ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on //	0/3/2013	and assigned	
Florida document number 11300/3	39625			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the de	signation "LLC" or the a		
Enter new principal offices address, if applic	:able:		SECO.	
(Principal office address MUST BE A STREE	ET ADDRESS)			
			<u> </u>	
			119 = 13	
Enter new mailing address, if applicable:		<del> </del>	- <u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del>- 50 9</del>	
	<del> </del>			
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter	the name of the ne	w
Name of New Registered Agent:	Richard D	CORR		
New Registered Office Address:	11348 PINC Enter Flori	da street address		
	RIVERVIEW	, Florida _	33578	
New Registered Agent's Signature if changing	Registered Agent:		sp con	•

New Registered Agent's Signature, it 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 Title <u>Name</u> <u>Address</u> **Type of Action** Mar Ruth D CORR 11348 PINEST DANGE RIVERVIEW FL 33578 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change A Remove 00 Add □ Remove

☐ Change

			<del></del>
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	ritin to the control of the control		
			—
		SEC	20
•		<u> </u>	\$ <del>3</del> 3
		<del>75</del>	<u>ن</u>
<del></del>			
*****			
ffective date is listed, in the date inserted in the date inserted in the date inserted in the date in	than the date of filing:  ne date must be specific and cannot be prior to date of in this block does not meet the applicable state on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to tutory filing requirements, this date will not be	605.
ecord specifies a ne 90th day afte	delayed effective date, but not an ef the record is filed.	ffective time, at 12:01 a.m. on the ea	arlie
xd			
			•
	Signature of a member or authorized for		_

Page 3 of 3

Filing Fee: \$25.00