L14000037392

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	1	CO ' ER EE I I ER	
TO: Registration Se Division of Cor			•
R&[Cable Tech,	LLC .	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dean Water	'S	
		Name of Person	
	R & D Cable	e Tech, LLC	
		Firm/Company	
	2485 SW 14	l6th Ct	
		Address	7AC
	Ocala, Fl 34	481	2014 APR 25 SECRETAR TALLAHAS
		City/State and Zip Code	\$1 T
	gatorglory2008@	DAOI.COM (to be used for future annual report notifi	cation)
For further information a		•	cation) F S AT T
	oncerning this matter, please c		
Dean Wate	rs	_{at (} 352 ₎ 322-50	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 & D Cable Tech, 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 03/05/2014 and assigned Florida document number L14000037392 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 end with 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) 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cody Waters	2485 SW 146th Ct	■ Add
		Ocala, FI 34481	□ Remove
			☐ Remove
			2011
			20 Add APR 22 AHASKI Remove
			OF STATE Add
			□ Remove
			□ Remove
			Remove

. If amending any other information, enter change(s) here: (Attach addition)	onal sheets, if necessary.)
	·-··
·	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	be more than 90 days after
Dated April 21 2014	
Dated	
Down Die	
Signature of a member or authorized representative	of a member
Dean Waters	
Typed or printed name of signee	

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Filing Fee: \$25.00

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