# LIUUUUIUIUAY

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800264158388

09/15/14--01010--001 \*\*25.00

2014 SEP 15 PH 12: 40

SEP. 18 2014

## **COVER LETTER**

		stration Secti ion of Corpó								
SUBJEC'		RJRKWP, LL	.c							
SUBJEC	1; _		Name of Li	imited	Liability Company		<del></del>			
The enclo	sed .	Articles of An	nendment and fee(s) are	submit	tted for filing.					
Please ret	urn a	ıll correspond	ence concerning this mat	tter to 1	the following:					
				AN	15 WIS	ov				
			R	11	R K W P Firm/Company	, LL(				
			P0 :	Bo,	x 6285					
					Address					
			BRAN	vdo	ON FL 3 City/State and Zip Code	3508	<u> </u>		2014	Carpe
		_	RJRI	<u>K h</u>	IP@ gmail.  De used for future annual re	COM			SEP 1	Vacan
						eport notificat	ion)	338	15 P	(Proprie
For furthe	r inf	ormation cond	cerning this matter, pleas	se call:				7 ( D	2 2 3	# 4 F
_R	c	Name of Pe	Wilson	<u></u>	at ( <u><b>\$13</b></u> )	293	7424 lephone Number		PH I2: 40	المسيدة
		Name of 1	115011		Area Code	Daytime Te	терионе мишьег			
Enclosed	is a	check for the f	following amount:							
\$25.00	) Fili	ng Fee	□\$30.00 Filing Fee & Certificate of Status		□\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed)	□\$60.00 Fili Certifical Certified (addition	te of Sta Copy		osed)

### 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

RJRKWP, LLC					
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now a Limited Liability Comp	ppears on our records.) any)	<del></del>		
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned					
Florida document number L14000107424	_ <del>.</del>				
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 wo "L.L.C."	rds "Limited Liability (	Company," the designation	"LLC" or the abbreviatio		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)				
			7		
Enter new mailing address, if applicable:			S 20 C		
(Mailing address MAY BE A POST OFFICE BOX)			70 70		
			5 N T		
The Televisian Providence and the Control of the Co	. 1 00 11	•	5		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, enter	r the name of the nev		
Name of New Registered Agent:	Richard	G. Wilson			
New Registered Office Address:	2607 Vin	edale Ave	<del> </del>		
		Enter Florida street ac	ldress		
	Valrico	, Florida _			
	· 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MBR	RICHARD G. WILSON	PO Box 6285	Add
		Brandon, FL. 33508	Remove
			Add
			Remove
			Add
			Remove
			Add
			2014 SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL
			SET Apart Remove
			Remove
			Add
			Remove

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
`	
E. Effective (	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated 12	<u>Sept</u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Janis E. Wilson, Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

