14000131070

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #) ·
PICK-UP	WAIT	MAIL
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OCT 20 2014 D. BRUCE

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: RN CO	ompanies, LL	.C.			
	Name of Lim	nited Liability Company			
	mendment and fee(s) are sub	·			
	Robert Need	dle			
	DNIO	Name of Person			
	RN Compar				
		Firm/Company			
	5201 Village	e Blvd	,		
		Address			
	West Palm I	Beach, FL 33407		8	A STATE
		City/State and Zip Code		335 - 5	
	Fermc5201@gm	ail.com to be used for future annual report notifice			
For further information con	cerning this matter, please ca	·	ition)	AM IO: 4	
Robert Need	lle	_{at} 561, 687-19	01		
Name of P	erson		elephone 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)	Certified (e of Status &	

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

RN Companies, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L14000131070</u>	Company were filed on Augus	st 20, 2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)	3.43	22
		<u> </u>	8 7
Enter new mailing address, if applicable:		FS.E.	5 5
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our ress here:	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Needle	5201 Village Blvd	= Add
		West Palm Beach, FL 33	3407_□ Remove
			□ Remove
			Reifficve
			SSECTION AND COMPANY OF THE PROPERTY OF THE PR
			□ Add
			□ Remove

). If ana	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
i .	
•	
•	
•	
. Effect	tive date, if other than the date of filing: (optional) The detective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the da	te this document is filed by the Florida Department of State)
Dated	October 13th 2014
	Rachel Needle
	Signature of a member or authorized representative of a member
	Rachel Needle
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2H OCT IS AM IO: 4 I