

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L14000131070**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Fermcoffice@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RN COMPANIES, LLC**

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Corporate Filing Menu

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FEB 21 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RN COMPANIES 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:

Robert Needle

Name of Person

RN Companies LLC

Firm/Company

5201 Village Blvd

Address

West Palm Beach

City/State and Zip Code

fermcoffice@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Needle

561
at ()

687-1901

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R N COMPANIES 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 9/5/2014

Florida document number L14000131070

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 contain 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 name of 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

City, Florida 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

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2014 FEB 20 AM 11:31
SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 02/20/20 BY 60322 UCBAW

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rachel Needle	5201 Village Blvd, WPB, FL 33407	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Needle	5201 Village Blvd, WPB, FL 33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 S. J. NEEDLE

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SEATTLE DISTRICT COURT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 2/20/2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 20

2020

Signature of a member or authorized representative of a member

Robert Needle

Typed or printed name of signer

Filing Fee: \$25.00