

LI4000154746

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

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

Email Address: Crest@Tax Savers PL net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RX RENOVATION XPERTS LLC

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2018 JUL -3 AM 11: 16

11: 16

Electronic Filing Menu Corporate Filing Menu

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JUL 05 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RX Renovation Xperts 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 10/03/2014 and assigned Florida document number 1.14000154746.

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)

2018 JUL -3 AM 1:16
FILED
CLERK OF CIRCUIT COURT
PORT CHARLOTTE, FLORIDA

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: Paul Mello, Jr.

New Registered Office Address: 1300 Enterprise Drive Suite A
Enter Florida street address

Port Charlotte, Florida 33953
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.


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 or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
AMBR	Paul Mello, Jr.	4403 57th Street W	<input type="checkbox"/> Add
		Bradenton, FL 34210	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alton R Lynn	4403 57th Street W	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eric A Blood	4403 57th Street W	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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