## <u>11500000 8305</u>

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APR 2 8 2020 S. YOUNG

## **COVER LETTER**

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	Registration Se Division of Cor			
SUBJEC	RJS PRO L	LC		
SUBJEC	ı:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Ronald Soye		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		RJS PRO LLC		
		· · · · ·	Firm/Company	<u> </u>
		2469 Shiprock Ct		
			Address	
		Deltona, FL, 32738		
			City/State and Zip Code	<del>-</del> ·
		rjsprollc@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please c	all:	
Rachael S	loye		407 8650957 at ()	
	Name of	Person		e Telephone Number
Enclosed i	is a check for th	e following amount:		
≣ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Address		Street Address:	otion
	Registration S Division of Co		Registration Sec Division of Cor	
P	P.O. Box 632	7	The Centre of T	•
T	'allahassee, F	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJS PRO LLC		020
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	3
The Articles of Organization for this Limited Liab Florida document number L15000008305		AG-and assigned T
This amendment is submitted to amend the follow	ing:	09
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address I		name of the new registered
Name of New Registered Agent:	*****	<del></del>
New Registered Office Address:	Enter Florida street address	
	Floric	
	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 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>	Address	Type of Action
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		Orlando, FL, 32825	□ Remove
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