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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Con			
R and C of	Polk County, LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard A. Miller		
		Name of Person	_
	Miller, Crosby & Miller, P	P.A.	
		Firm/Company	-
	P. O. Box 8169		
		Address	_
	Lakeland, Florida 33802		
		City/State and Zip Code	_
	rob@springerpeterson.com	to be used for future annual report notification)	
Fac 6		•	
For further information c	concerning this matter, please ca	aii:	
Richard A. Miller		863 688-7038 at ()	· ~ ~
	of Person	Area Code Daytime Telephone Number	THAY TO THE STATE OF THE STATE
Enclosed is a check for t	-		THE STREET
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	illing Fee, atte of Status & d Copy al copy al copy al copy is encloted)

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

R and C of Polk County, LLC	·	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
the Articles of Organization for this Limited Liability lorida document number L15000057042	y Company were filed on March 31, 2015,	and assigned
his amendment is submitted to amend the following	: _.	
. If amending name, enter the new name of the li	imited liability company here:	
t and C Supply of Polk County, LLC		
e new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered agent and/or the new registered office a		r the name of the
Name of New Registered Agent:		6年
New Registered Office Address:		me 70 175
	Enter Florida street address	SAN F.
	, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	authorized Member		
<u>Title</u>	. Name	<u>Address</u>	Type of Action
			Add
		-	□ Remove
		<u> </u>	Change
•			Remove
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			Remove
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			_(optional)	22
effective date is listed, the date must	date of filing:t be specific and cannot be prior to da	te of filing or more than 90 d	ays after filing.) Pursuant t	to 605.02
te: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable partment of State's records.	statutory filing requireme	ents, this date will not b	e l <u>is</u> ted :
				+
	effective date, but not an	effective time, at 1		
he 90th day after the reco	ord is filed.		78130 11415	j: t
. May 1	2015		12	52
ed May I	·			
1//.//	/ //			
11/2/11/2	Signature of a member or authorized			

Page 3 of 3

Filing Fee: \$25.00