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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

RON SERV	ICES OF FLORIDA		
30bjr.C1,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christopher George Ron		
	RON SERVICES OF FLO	Name of Person RIDA	2019 MAR 1-1 SECRETARY THE PROPERTY OF THE PRO
	13818 SW 152ND ST SU	Firm/Company	FILED PARTY
	MIAMI,FL 33177	Address	PH 12: 07
	KKASTRO123@YAHOO.	City/State and Zip Code COM to be used for future annual report notif	cation)
For further information c	oncerning this matter, please ca		
CHRISTOPHER G. RO	N	305 6194321 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RON SERVICES OF FLORIDA				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	08/28/2015	and assigned	
Florida document number L15000148128				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	ere:	2019 F SEC	~ -
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "L1.C" or the	e abbreviation b.L.C."	7
Enter new principal offices address, if applicable:	13818 SW 1521	ND ST_SUITE 211		2 2 3 3 3
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33	177		APPROVEU
	 		SIALE 10 07	
Enter new mailing address, if applicable:	13818 SW 152ND ST SUITE 211			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI,FL 331	77		_
				_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>ent</u>	er the name of the	new
Name of New Registered Agent:				_
New Registered Office Address:				_
	Enter Flor	rida street address		
		, Florida		
	City		Zîp Code	
New Registered Agent's Signature, if changing Registered Agent:				
I haraby good the american and a maintained and and a				

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	RON, CHRISTOPHER G	13818 SW 152ND ST SUFFE 211	
		MIAMI,FL 33177	
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fective date, if other than the da	to of filing.			(amtiama)	`	
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot does not meet the	applicable stati			g.) Pursuant to 60	
e record specifies a delayed e The 90th day after the recor	ffective date, b d is filed.	ut not an eff	ective time, at	12:01 a.m.	on the earli	ier of
MARCH 8TH	2019	1/	Û			
	·	THM)	r 1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00