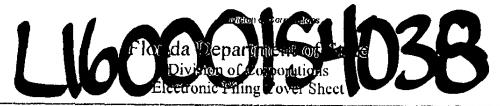
9/21/2018



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R. M. HASKINS SERVICES LLC

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D. SCOTT OCT 0 6 2816

TO:

Registration Section

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	R. M. HAS	KINS SERVICES LLC				
SUBJECT:		Name of Lim	ited Liability Company	······································		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
		101 N. Brand Blvd., 11t	h Floor			
			Address			
		Glendale, CA 91203			•	•
			City/State and Zip Code	***************************************		
		jaxsbrose@gmail.com			i 	
		E-mail address: (to be used for inture annual report notifics	tion)	250	
For further in	formation co	ncerning this matter, please co	धी:		経費ので	7
Cheyonne N	Moseley		800 773-0888 ext.	9724		<u></u> .
	Name of	Person		elephone Number		5
					10.5	
Enclosed is a	check for the	following amount:			高記 2	
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Stanis &	

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. M. HASKINS SERVICES LLC		
(Name of the Limited Liability Commo (A Florida Linuted I	my as it now appears on our records.) Liability Company)	 -
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000154038</u>	were filed on August 17, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "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 of registered agent aud/or the new registered office address here		Finance of the new
Name of New Registered Agent:	<u> </u>	三子二
New Registered Office Address:		19 20
	Enter Florida street address	9
	, Florida	Zip Code
	#TV	-74 - 1400

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Emory Haskins	2816 Green Street	⊠ ∧dd
		Jacksonville, FL 32205	🗆 🗅 Кепюуе

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			Add
			PILED ANASSE COMPA
			Add

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date this do	current is filed by the Florida Department of State)
date this do	current is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE