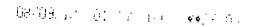
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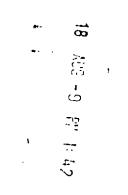
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 1 4 2018 S. PRATHEF

### Dear Sirs/ Madam

Thank you for your attention to this matter, as per instruction letter I am including Daytime telephone number and address

Daytime numbers 305-888-6066

305-303-8434

Address 760 PONCE DE LEON BLVD

**CORAL GABLES FLORIDA 33134** 

Thanking you in advance Rodolfo Roig

# **COVER LETTER**

TO: Registration : Division of Co			
	RINO LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	RODOLFO ROIG		
	<del> </del>	Name of Person	<del>_</del>
	RVICTORINO LLC		
		Firm/Company	· <u>·</u>
	2209 RED RD		
		Address	
	CORAL GABLES FL. 33	155	
		City/State and Zip Code	<del></del>
	rjroig43@hotmail.com	to be used for future annual report notif	fication)
For further information	concerning this matter, please of		
RODOLFO ROIG	,	305 303-8434	
	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

Registration Section

2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**RVICTORINO 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 10/28/2016 Florida document number L16000199001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SPECIAL HOME CARE SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 760 PONCE DE LEON BLVD Enter new principal offices address, if applicable: CORAL GABLES FL. 33134 (Principal office address MUST BE A STREET ADDRESS) 760 PONCE DE LEON BLVD Enter new mailing address, if applicable: CORAL GABLES FL. 33134 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

### 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.

City

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:

MGR = N $AMBR = N$	Janager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	e of filing:  specific and cannot be prior to da  does not meet the applicable	te of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursus ents, this date will no	ant to 605. of be liste
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If the date inserted in this block on the Department's effective date of the Department's effetive date of the Department's effective date of the Department	fective date, but not an is filed.		, t	18 A

Filing Fee: \$25.00