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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RNS RESIDENTIAL SERVICES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RORY RAMCHARAN Name of Person
RNS RESIDENTIAL SERVICES LLC
6810 COUNTRY PLACE RD. Address
WEST PALMBEACH, FL 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{RoRY Lamcha(aN}}{\text{Name of Person}} \frac{\text{at}(\frac{561}{\text{Area Code}})}{\frac{371-971}{\text{Area Code}}} \frac{371-971}{\text{Daytime Telephone Number}}$
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION

2017 OCT 27 AM 11: 46 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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
WG15	SHALINI PERSAD	6810 Country Place Rd West Palm Beach, FL	Add 33 411 □ Remove
			Change
			Add
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ive date, if other than the date of filing: _	02.09.201 (optional)
fective date is listed, the date must be specific and can	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.01 the applicable statutory filing requirements, this date will not be listed
cord specifies a delayed effective date e 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier
10.19.	2017
	iber or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00