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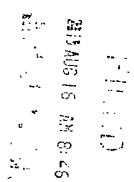
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	RNC QUAI	LITY PROFESSIONAL SERV	ICES, LLC	
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ROSA JACQUES		
			Name of Person	
		N/A		
			Firm/Company	
		2260 ISLAND DRIVE		
		•	Address	
		MIRAMAR, FL 33023		
			City/State and Zip Code OR ROSABOOZ@YAHOO.COM	1
		_	o be used for future annual report notific	
For further in	iformation co	oncerning this matter, please ca	ill:	
WESLEY L	AURENT		786 942-9500 at ()	
	Name of	Person		Felephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: 및

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RNC QUALITY PROFESSIONAL SERVICES, 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 $\frac{02/13/2017}{1}$ and assigned

Florida document number L17000034116	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviati	on "L.L.C	
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STREA	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A	2		
(Mailing address MAY BE A POST OFFICE BOX)				- NUI	, , , ř
•					
B. If amending the registered agent and	Nor registered o	ffice address on our reco	ords, enter thean	ame of	the new
registered agent and/or the new registered of	office address her	<u>e</u> :		လုံ	
				, Q	
Name of New Registered Agent:	N/A		·		<u>. </u>
New Registered Office Address:	N/A				
		Enter Florida street add	dress	-	-
	****	,	, 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 Authoriced Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MCR = Manager

AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>46-2</u>	DASODZ.R. LETANT	22 IS/and Ar MiraMai	X Add
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(if an ef	ive date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
the re Γ	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Signature of Complete and Compl
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00