

L17000034116

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RNC QUALITY PROFESSIONAL SERVICES, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUES, ROSA KARLENE
Name of Person

RNC QUALITY PROFESSIONAL SERVICES, LL
Firm/Company

3600 SOUTH STATE RD. 7 #318
Address

MIRAMAR FL, 33023
City/State and Zip Code

ROSABOOZ@Y2H20.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUES, ROSA K. at (954) 9107-3177
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 02/13/2017 and assigned
Florida document number L17000034116

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)

3600 SOUTH STATE RD.
SUITE 318
MIRAMAR FL 3302

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3600 SOUTH STATE RD
SUITE 318
MIRAMAR FL 3302

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:

JACQUES, ROSA KARLENE

New Registered Office Address:

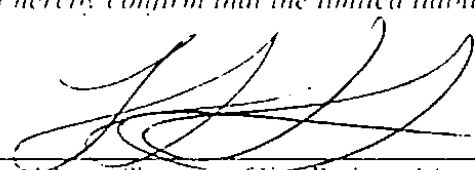
2260 ISLAND DRIVE

Enter Florida street address

MIRAMAR, Florida 33023
City 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 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 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

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

dated

11/12/2020

President, JACQUES ROSA KARLENE
Typed or printed name of signer

Filing Fee: \$25.00