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(Address)	
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(Business Entity Name	e)
(Document Number)	
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17 JUL 24 PM 2: 50 DIVISION OF CORP-GRATIONS

O SIIVINIONS

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: R & R	Home In	nor wement on ited Liability Company	& Mainterance L
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Bene	Bacellas Name of Person	
		rame of Follows	
		Firm/Company	
	22	M 1640 Pl	
	Cape_	Coral FL 339 City/State and Zip Code	91
-	C. Chone Mainte E-mail address: (1	nance le amail. Co	cation)
For further information cond	eerning this matter, please ca	all:	
Rene Baco	Ma O erson	at (250) 283 - Area Code Daytime	7809 Telephone Number
Enclosed is a check for the f	ollowing 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RFR Home Improvement and Main terrance LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

-	pany were filed on <u>Manch 3, 2017</u> and assigned
Florida document number <u>L17000050735</u> .	·
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	
	PH 2: 50
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	GAS C
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
Non-Designation of Association (Colored to Designation (Colored	,
New Registered Agent's Signature, if changing Registered Ag	
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability
Is	Changing Dagistared Agent Signature of New Degistered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Type of Action Address Title Name 22 Sw 16th P1. Adiani Capero MGR □ Add Cape Coral FL 33991 ☐ Change Cape Coral FI 33971 Sone Bacallan MGR ☐ Remove _□ Change □ Add _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change

. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	DIVISION OF CHRESCHALLONS
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Note:	tive date, if other than the date of filing: Maw 3 2017 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 290th day after the record is filed.
Dated	July 18 . 2017.
	Signature of a member or puthorized representative of a member
	Adriana Copena Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00