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2017 JUN 23 P 1: 01

FILED

D. BRUCE JUN 28 2017

COVER LETTER

	egistration Sec ivision of Corp				
SUBJECT	RICK REN	OVATIONS, LLC			
SUBJECT	•	Name of Lin	nited Liability Company		
The enclos	sed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspoi	ndence concerning this matter	to the following:		
		RAMNARINE SANTAN	00		
			Name of Person		•
		,	Firm/Company		
		1481 FELTON ST			
			Address		
		DELTONA, FL 32725		TAI	
		ricksantanoo@gmail.com	City/State and Zip Code	III JUN	7
			to be used for future annual report notifi-	JUN 23 AHASSE	
For further	information co	oncerning this matter, please c	all:	<u></u> ⊖	M
RAMNAR	INE SANTAN	00	646 533-5517 at ()	STA LOR	O
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for the	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICK RENOVATIONS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L17000072277	any were filed on MARCH 30, 2017	and assigned
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 L	iability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, <u>enter</u> <u>here</u> :	SECRETURY OF PRINCE OF THE ATE OF
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGR NICHOLAS SANTANOO		1481 FELTON ST	≣ Add		
		DELTONA, FL 32725	□ Remove		
			☐ Change		
			Add		
			Remove		
			Change		
			Add		
			SEGRETARY OF STATE ORIDA		
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reffective date is listed, the date	must be specific ar	nd cannot be prio	r to date of filing	or more than 90 c	lays after filing	.) Pursuant to	605.020
te: If the date inserted in this				filing requireme	ents, this date	will not be	listed a
cument's effective date on the	e Department of	State 8 records	•				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00