L170000 82357

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10/23/17--01019--021 **25.00

17 BCT 23 May 8: 49

COVER LETTER

Division of Corporations	
SUBJECT: RL GROUP OF FLORING, LLC Name of United Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RICHARD LISTE Name of Person	
RL GROUP OF FLORIDA, LLC Firm/Company	
2728 SW 25TH TERRACE	
Address	
MIAMI , FL 33133	
City/State and Zip Code RICHARDLISTER 305@ GMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RICHARO LISTE at (786) 295-9276 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sale Sale Sale Sale Sale Sale Sale Sa	

Registration Section

TO:

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

LISTER GRO	UP, LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L170000 82357</u>	mpany were filed on OH 12/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
RL GROUP OF FLO	DRIDA, LLC
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>
	17
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	the true to the tr
	<u>4</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the ness here:
Name of New Registered Agent:	
New Registered Office Address:	
New Negistered 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, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			
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		8:45
Sective date, if other than the date of filing: of 127/17 n effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pore than 90 days after filing.) Pore than 90 days after this date with the second of	ursuant to 605.0
record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on	the earlie
ted SEPTEMBER 27 . 2017 . Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00