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FAIR TO FAIZE TO FILL LIDE FAIR SEP 17 FM 1:46

SEP 17 2018

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COVER LETTER

SUBJECT: KM.	1. Renovation	ons Maintenance, ed Liability Company	Donstruction
	Name of Linne	eu trabinty Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	JUSTIN	D. GNEEN Name of Person	1
	RATE.	Firm/Company	
	1024 B	acktorest LN Address	
	Tallahassa	2e FL 323 City/State and Zip Code	305
	Salutions F. E-mail address: (to	o be used for future annual report notifies	ation)
For further information co	ncerning this matter, please ca	II:	
Justin Crese Name of	Person	at (<u>450</u>) <u>766</u> — Area Code Daytime T	3321 Telephone Number
Enclosed is 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

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.M.C. Renovations, Maintenance & Construction LL (

(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		and assigned
Florida document number <u>L170000 95</u> 596	5	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	SEP 17
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "l', L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1024 Back Tallahassee	FL 32305
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	
	v.mer r torida street e	
	City	, 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

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title Name 1024 Bachtwest LN Tallahassee FL 32305 Joseph Mosley Add ☐ Change MGR Daniel Autrey Tallahassees Fl 32305 - Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde

Effective date, if other than the date of filing: [In a effective date is listed, the due must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated September 16. 2019 Signature of a member of auditorized representative of a member.		<u> </u>
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Signature of a member or authorized representative of a member	Dated	September 16 2019
$//$ T_{10} $/$		Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00