## 117000115929

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number)	<del> </del>
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



200331628412

2019 JTT - 3 PH 1:58

Amand

JUL 18 2019 I ALBRITTON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **R&R REMODELING & STUCCO 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 Cor	many were filed on 05/25/	17 and assigned
Florida document number L17000115924		and assigned
This amendment is submitted to amend the following:	·	
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		(=
Enter new mailing address, if applicable:		
••		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	= :
	·-·	
B. If amending the registered agent and/or registe registered agent and/or the new registered office address Name of New Registered Agent:		r records, <u>enter the name of the new</u>
Name of New Neglatered Agent.		<del></del>
New Registered Office Address:	Enter Florida s	
	City	, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my nt as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SAMUELS, ROSIE A	262 W 20TH ST APOPKA, FL 32703	Add
			■ Remove
			Change
			☐ Remove
	<del></del> -	☐ Change	
			□ Remove
		Change	
		<del></del>	Remove
			Change
	<b>-</b>		
		Remove	
			Change
			Remove
			🗆 Change

***						·-	<del> </del>
	<del></del>						
_		<del></del> -			•		· <del></del>
			<u>.</u>			<u> </u>	
					···-		
			<u> </u>				
		-					
							····
(If an effect <u>Note:</u> If	tive date is listed, the date insert	r than the date of the date must be speed in this block do tte on the Departm	ecific and cannot ses not meet the	be prior to date of applicable stat	I filing or more that	(optional) 90 days after filing rements, this date	) Pursuant to 605.0207 will not be listed as
		a delayed effe er the record is		but not an ef	fective time,	at 12:01 a.m.	on the earlier of
Jt Dated	UNE 12	, <del> </del>	201	9			
<i></i>	71	1 1/	/ /				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00