117000149155

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durling Falls March)
(Business Entity Name)
(Document Number)
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S. WARREN AUG 0 3 2017

COVER LETTER

TO: Registration Se Division of Cor		1	
SUBJECT: RO	ed Car III	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	R.Eric	Name of Person	
		1	
		Firm/Company	1
	2707-	59th Ave. a	7.
	_	Address	
	St. Pete	City/State and Zip-Gode	33714
	E-mail hddress: (i	o be used for future annual report n	otification)
For further information c	oncerning this matter, please ca	ıll:	
R.Eric Name o	Dipple Person	at (727) 590 Area Code Days	1-3676 ime Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS:		RIER ADDRESS:
	ration Section on of Corporations	Registration Sec Division of Corp	
P.O. Bo	ox 6327	Clifton Building	
ranana	issee, FL 32314	2661 Executive	Cemer Chere

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	rere filed on and assigned
Florida document number <u>L17000149155</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
NA	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	
	. 10
Enter new mailing address, if applicable:	N/H
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	A
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this lo cument is

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to ma rom our records:	anage, <u>enter the</u>	title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name	Address		Type of Action
AMBR	Ralph E. Dipple	2707 St. Pet	ersburg, FL	\$\int Add 3714 □ Remove
				Change
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				□ Remove
				Change
				Add
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			>	上 Change

). If amén	ding any other informatio	on, enter change(s) here: <i>(Attach</i>	additional sheets, if nec	vessary.)
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. Effectiv	e date, if other than the date must be	ate of filing:	be prior to date of fi	ling or more than 90 days afte	i onal) r filing.) Pursuant to 605.0207 (3)(
<u>Note:</u> 11		k does not meet the	applicable statuto		s date will not be listed as the
documer	it's effective date on the Dep	itinent of State 81	ecorus.		
	rd specifies a delayed of the recor		out not an effe	ctive time, at 12:01	a.m. on the earlier of:
Dated _	7-24-17	,			
	RL	Only			### 7
	Si	gnavige of a member	or authorized repre-	sentative of a member	F
	1	? F DIDA	, , <u>-</u>		<u>3</u>
		R. E. O. P.O. Typed	or printed name of s	ignee	
					53 -
			Page 3 of 3	· 1	35 NDA
		T-14	tale Park 635 (1	

Filing Fee: \$25.00