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AUG 0 2 2017 J SHIVERS

## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations			
SUBJECT: R	P CUSTON	WOOD W	ORKIN	19 LLC
	(Ague of Cult	ted Clashiny Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	BICHARD	Name of Person	IES_	
	R&P Cu			CING LLC
		Firm/Company		
	5432 Ri	CHARD PI	Lace	
		Address		
	SARASOTA	A FL	34231	
		City/State and Zip Cod	le	
	E-mail address: (t	o be used for future annu	al report notificati	on)
For further information co	oncerning this matter, please ca	d1:		
RICHARD T	Person	at (941)	376-79	182
Name of	Person	Area Code	Daytime Tel	ephone Number
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIII	NG ADDRESS:	STDE	ET/COURIER	A DDD FCC.
	ation Section		ration Section	ADDRESS.
Division	n of Corporations	Divisio	on of Corporation	ns
P.O. Bo			Building	Cirola
i aitaha	ssee, FL 32314		xecutive Center	Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R E P Custo μ ωουων RKING LLCs
(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company)

	Ī	
	re filed on July 17, 2017 and assigned	
The Articles of Organization for this Limited Liability Company were	refilled on ssigned and assigned	
Florida document number <u>L17000 IS 1979</u>		
This amendment is submitted to amend the following:	l	
A. If amending name, enter the new name of the limited liability	y company horas	
A. It amending hame, enter the new hame of the minited hability	Company nere.	
		_
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
_		_
Enter new mailing address, if applicable:	<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)		_
<del>-</del>		_
more at an example and all the second		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the	new
registered agent and/or the new registered office address here.	$\mathcal{L}_{\mathcal{S}}$	
	156 77	
Name of New Registered Agent:		
	55元 F	
New Registered Office Address:	Enter Florida street address	
	Enter riorida street dadress	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	54	
l hereby accept the appointment as registered agent and agree t		h the
provisions of all statutes relative to the proper and complete per		<b>.</b>
accept the obligations of my position as registered agent as prov being filed to merely reflect a change in the registered office add		IN
peing filed to merely reflect a change in the registered office dat company has been notified in writing of this change.	aress, 1 hereby conjum that the timited thibitity	
company has been hoursed in writing of this change.	I	

MGR = M AMBR = A	anager uthorized Member				
<u>Title</u>	Name		Address		Type of Action
MBR	Patricia L.	Klingern	nan	5932 Richard PL	Add
		_		5932 Richard PL Sacasota, FL	Remove
				34231	☐ Change
	<del></del>				🗆 Add
					Remove
					☐ Change
·	<del></del>				<b>D Ad</b> d
					Remove
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					□ Remove
					Change
					🗆 Add
				·	_□ Remove
					_□ Change

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

or removed from our records:

If amen	nding any other information, enter change(s) here: (Attach additional sheets. if nec	essary.)	
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If an effect Note: T	ve date, if other than the date of filing:  July 2752012 (option to date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	filing.) Pursuai	nt to 605.0207 ( t be listed as t
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the	e earlier of:
Dated	July 24th 2017		
Dated _	Michael Jenh		
	Signature of a member or authorized representative of a member		
	Kichord Jones		
	Typed or printed name of signee		
	Page 3 of 3		

Filing Fee: \$25.00