## 117000 158 643

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

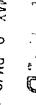
Office Use Only



800329050618

05/09/19--01023 --001 \*\*30.00

2019 MAY -9 PM 12: 02



C GOLDEN MAY 22 Z019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RAR Home Repairs LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ross Arnold Name of Person
R+R Home Repairs UC
POBOX 11434 Address
Pensacola, FL 32524 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ross Arnold at (573) \$552-7880  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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



R+R Horne Re (Name of the Limited Liability Compan (A Florida Limited Li	PAIS 12: 02  12019 HAY -9 PH 12: 02  12019 HAY -9 PH 12: 02  12019 HAY -9 PH 12: 02	2
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L17000158643</u> .	were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	5248 Milton Trail Milton, FL 32583	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Po Box 11434 Pensacola, FL 32524-114	2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	ZIP Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 amending or removed f	Authorized Person(s) authorized to marom our records:	nage, enter the title, name, and address of each p	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ronda Arnold	POBOX 11434, Pensacol FL 3252	o≱ ∧dd
			Remove
		<del></del>	□ Change
			□ Add
		<del></del>	□ Remove
			Change
	<del></del>		□ Add
		·	Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
<del></del>			_
			_□ Remove
			_D Change
			_□ Add
			_□ Remove

\_ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del>-</del> -	
(If an effecti Note: 1f t	date, if other than the date of filing:
he recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated	5-3-2019
	Row No.  Signature of a member or authorized representative of a member
	Ross Arnold

Page 3 of 3

Filing Fee: \$25.00