## U17 060 209077

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





900407604579

05/17/23--01012--005 \*\*30.00

2023 MAY 17 PM 12: 432029 MAY 17 PM 12: 39



## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
SUBJECT: <u>R</u> S	distion Main Name of Lin	HENCINCL & F	Repairs LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ivan D	Reyes Name of Person	·	
		Firm/Company	<del></del>	
	3745 Roge	r Healin Ct	2023 18	
	Tallahassa	2 FL 3Z311 City/State and Zip Code	TATE OF STATE OF STATE OF STATE	
	E-mail address: (	to be used for future annual report notif	fication)	? :
For further information co	oncerning this matter, please c	all:	(1)	
Ivan Reye	Person	at (SSO) Z84 Area Code Daytime	S836 Telephone Number	
Enclosed is a check for th	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 S Division of Co	ection orporations	Street Address: Registration Sec Division of Corp	porations	
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  R Solution Controctor  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(, t , t , t , t , t , t , t , t , t , t	i islability Company)				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sweet address  Enter Florida sweet address	The Articles of Organization for this Limited Liability Company Florida document number <u>L17000 209 077</u>	y were filed on	ay 17,70	<u>/73</u> and	assign	ed
R Solution Contractor UC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	This amendment is submitted to amend the following:					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sweet address	A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sweet address	Resolution Conditactor	LC.				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the	abbreviation	ı "L.L.C.	."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new principal offices address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Principal office address MUST BE A STREET ADDRESS)					
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address						
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address					231	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new mailing address, if annlicable				ΥAΥ	1
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	•••	<del></del> -				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Muning university I DE ATOST OFFICE BOAT			<del>- 6</del> -	<del>-</del>	m
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address				The co	<u> </u>	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	R. If amending the registered agent and/or registered office				• •	
New Registered Office Address:  Enter Florida street address	agent and/or the new registered office address here:	address on our recor	rus, <u>enter the na</u>	me-or the	ngw re	gister
New Registered Office Address:  Enter Florida street address	-					
New Registered Office Address:  Enter Florida street address	Name of New Registered Agent:					
Enter Florida street address						
	New Registered Office Address:	F Fl				
, Florida		enter rioriaa s	street adaress			
·		•		Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit	hereby accept the appointment as registered agent and agr	ree to act in this cape	acity. I further a	gree to co	mplyx	with th

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

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>	Name	Address	Type of Action
longger	Jolio Garcia	3745 Roger Harrlin Ct	I <b>Ş</b> XAdd
		3745 Roger Hanlin Ct. Tullahassee FL 32311	□Remove
			DChange
			□Add
			□Remove
			Change 10023
			To the move of the same of the
<del></del>			— □Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	<del></del>	<del> </del>	□Add
			□Remove
			[](]L

	nending any other information, enter change(s) here: (Attach additional sheets, if necessor		
	_		4
		<del></del>	
		707	
		2023 HAY	-
		<u> </u>	4.25.35
		NAS T	:
		で の <b>元</b> <b>元</b> <b>元</b> <b>元</b>	7
		PH 12:143	
		<u> </u>	
		<u></u>	
(If an e	tive date, if other than the date of filing: (optional flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing the date of filing or more than 90 days after filing the date of fili	l) g.) Pursuant to 605.0	207 (3)(
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this dal nent's effective date on the Department of State's records.	e will not be listed	I as the
	some of the order of the peptitalient of state steering.		
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) liled.	The 90th day after	he
Date	17/05/23		
	Signature of a member or authorized representative of a member	·- <u>-</u> -	
	Tira Reger		

Filing Fee: \$25.00

Typed or printed name of signee