## 11800032389

	,	(Requestor's Name)
_		(Address)
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_ 		(City/State/Zp/Phone #)
		PICK-UP VAIT MAIL
_	+	(Business Entity Name)
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		(Document Number)
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SECRETARY OF STATE

## **COVER LETTER**

i O:	Division of Corpora			
SUBJE	RC FLOORING	a LC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of Amer	ndment and fec(s) are sub	mitted for filing.	
Please 1	return all corresponden	ce concerning this matter	to the following:	
	J	ASMINE RODRIGUEZ		
	_		Name of Person	
	Е	BEST QUICK TAX RET	JRNS INC	
	_		Firm/Company	
	3	20 S BUMBY AVE STE	<b>:</b> 10	
	_		Address	
	C	DRLANDO FL 32803		
	_		City/State and Zip Code	
	_	E-mail address: (	to be used for future annual report not	ification)
For fur	ther information concer	rning this matter, please c	all:	
JASMI	INE RODRIGUEZ		407 896-7921 at ( )	
	Name of Pers	on	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for the fol	loving amount:		
\$25	5.00 Filing Fee	S30.00 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)
	Registration	Corporations 27	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Tenter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RC FLOORING LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
he Articles of Organization for this Limited Liability Cor	npany were filed on 01/26/2018 and assigned
Jorida document number L18000032389	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limite	d liability company here:
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	SS)
	MASSEE.
	<b>2</b> 3SS
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	)RIC
egistered agent and/or the new registered office address  Name of New Registered Agent:	red office address on our records, enter the name of the new ss here:
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
yew Registered Agent's Signature, if changing Registered	Agent:
rovisions of all statutes relative to the proper and con	nd agree to act in this capacity. I further agree to comply with the
	nplete performance of my duties, and I am familiar with and ont as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
eing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	ent as provided for in Chapter 605, F.S. Or, if this document is

le Name  GRM ELY S. C	INTRON	Address 5959 FISH CT ORLANDO, FL 32807	Add Remove Add Add Remove Add Add Add Add
ELY S. C	INTRON	-	Remove Change Add Remove Change
		ORLANDO, FL 32807	Change Add Remove Change
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D. If amendi	ng any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effectiv <u>Note:</u> If th	e date is listed, the le date inserted in	tan the date of filing:	505.020 isted a	7 (3)(b) s the
		elayed effective date, but not an effective time, at 12:01 a.m. on the ear he record is filed.	rlier d	of:
Dated MA	RCH 16	2017		
		6/		
	<del></del>	Signature of a member or authorized representative of a member		
	FLV C 00:			
1	ELY S. CONTR	Typed or printed name of signce		
<u> </u>		Types of printed mante of organic		
		Page 3 of 3		
		Filing Fee: \$25.00		