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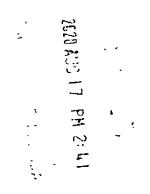
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: RCS	SOLUTION L	LC	
SUBJECT: 1400	Name of Lim	ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	IOAN EN	Ji	
		Name of Person	
	PRO FLOC	PING SERVICE	<u> </u>
	1150 AIRPOR	RT RD. UNIT 16	£
	DESTIH	FL. 32541 City/State and Zip Code	
	RCSSOLUTION E-mail address:	LLC O amail. CON	lication)
For further information co	ncerning this matter, please of	ali:	
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10AM EM	D	at (<u>773</u>) <u>79</u> \$\text{\text{Daytime}}	S218 ==
нате от	reron	Area Code Daynine	r relephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 6327	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

PRO FLOOR	ING SERVICE	LLC	
(Name of	the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	

(A Florida Li	imited Liability (ompany)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L\8000078399</u> .	npany were filed on03	27/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
RCS SOUTION LLC The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered o	office address on our recor	ds, enter the name of the new register
agent and/or the new registered office address here:		<u> </u>
		<u>=</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered /	Agent:	
I hereby accept the appointment as registered agent an	nd agree to act in this capa	city. I further agree to comply with t
provisions of all statutes relative to the proper and con		

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
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scument's effect	ve date on the Depart	ment of State's reco	ords.	· .	
record specifies :	delayed effective dat	e, but not an effecti	ve time, at 12:01 a.	m, on the earlier of: (b) The 90th day after the
is filed.					
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		ature of a member or	.) 1		-

Filing Fee: \$25.00