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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RC NUNES GERVICES COR 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:
ROBERIO CONCEICAD NUNLS Name of Person 1
RC NUNES SERVICES CORE
6373 HUNTSVILLE 51
ORLANDO, FL 32819 City/State and Zip Code
PLACACARHOON O HOTMAIL COM Fi-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
ROSERIO CONSTIGAO NUNES Name of Person at (407) 300 - 0987 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 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, F1, 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

RC NUNES GER	111 CHS (20)	
(Name of the Limited Lia (A Flo	Bility Company as it now appears on our orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 04-1	☐ and assigned
This amendment is submitted to amend the following	y .	
A. If amending name, enter the new name of the	limited liability company here:	
RC NUNES SERVICES LLC		
The new name must be distinguishable and contain the words "	, , , ,	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AL</u>	DDRESS)	
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·	
Hanning dauress MAT BE A TOST OFFICE BUA		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida Zip Code
	ϵu_{Y}	гір Соае

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			D \dd
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
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			Change
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	2018. Signature of a member or authorized representative of a member
	17
	ROCKLIO CONCRICAS NUNES

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Filing Fee: \$25.00