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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RG MANAGEMENT AND CONTRACTORS LLC

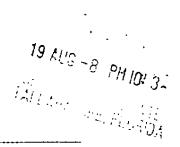
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K. SALY AUG 9 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## RG MANAGEMENT AND CONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company	were filed on 04/23/20	ond assigned
Florida document number L18000101550	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ed . "Limitad Linki	in Commune "the designation	o "11 C" or the abbreviation "1 1 C"
The new name must be distinguishable and contain the wo	ras Limitea Luibii		R 1335 of the analestacion 15.0305.
Enter new principal offices address, if applica	ble:	7901 4th St N STE 300	
(Principal office address MUST BE A STREET	ipal office address MUST BE A STREET ADDRESS)		
		St. Petersburg FL	33702
Enter new mailing address, if applicable:		CALLE B #26	
(Mailing address MAY BE A POST OFFICE E	<u>(OX)</u>		
		Ensenada PR 006	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	ice address her	ffice address on our i e: t Registered Age	
New Registered Office Address:	7901 4th 9	St N STE 300	
New Registered Office Address.		Enter Florida stree	t address
	St. Peters	burg	Florida 33702
		Ciry	Zip Code

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:

19 AUG ~8 Ph. 10. --

MGR = -M $AMBR = A$	lanager authorized Member		PH 10: 37
<u>Title</u>	<u>Name</u>	Address Pall April 1997	Ff1 [0: 3]
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		Ensenada PR 00647	□ Remove
			Change
MGRM	PEDRO RODRIGUEZ	CALLE B #26	□ Add
		ENSENADA, PR 00647	🗖 Remove
MGRM	RUBEN RODRIGUEZ	CALLE B #26	
		ENSENADA, PR 00647	Remove
			☑ Change
MGRM	JOSE LOPEZ	CALLE B #26	
		ENSENADA, PR 00647	☐ Remove
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If the date inserted in this block ment's effective date on the Depart		le statutory filing requir	ements, this date	will not be listed
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e 90th day after the record	is filed.			
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