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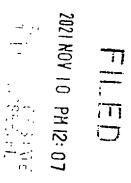
(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
ann mar	RLW Servi			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ricky Lee Walker		
			Name of Person	
		RLW Services, LLC		
			Firm/Company	
		3601 SE 55A Hwy		
		-	Address	
		Old Town, FL 32680		
			City/State and Zip Code	
		rlwservices@yahoo.com	to be used for future annual report no	ufication)
For further in	nformation c	oncerning this matter, please co	·	incation
		,		
Ricky L. Wa		,	352 258-9912 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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)
Re Div P.C	diling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

RLW Services, LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited I	Liability Company were filed on _	May 18, 2018	and assigned
Florida document numberL180001258	321		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			202)
			NO T
Enter new mailing address, if applicable:	<u>N/A</u>	_ <u>.</u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		1000
			<u> </u>
			0.0
B. If amending the registered agent and/or		records, <u>enter the na</u>	ame of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Ricky L. Walker		
New Registered Office Address:	3601 SE 55A Hwy		
	Enter F	lorida street address	
	Old Town	, Florida	32680

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amanda Walker	3601 SE 55a Hwy Old Town, FL 32680	□Add
			= Remove
			Change
MGR	Ricky Walker	3601 SE 55a Hwy Old Town, FL 32680	□ Add
		-	Remove
			Change
AMBR	Ricky Walker	3601 SE 55a Hwy Old Town, FL 32680	∃ Add
			🗆 Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			□Add
			Remove
			Change

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oper 4, 2021 (optional) orior to date of filing or more than 90 days after filing.) Pursuant to 605.020' plicable statutory filing requirements, this date will not be listed as ords.
ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
2.\
authorized representative of a member

Filing Fee: \$25.00