## L18000246015

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2019 MAR 20 AM 8: 04

C. GOLDEN
MAR 3 0 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RER Consultants, LLC 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:
Reynaldo Angulo Sr.
RER Consultants, UC
14611 Ralmetto Palm Ave
Mirmi Lakes, FL 33014  City/State and Zip Code Reyangulo 420 gmills on  Reyangulo 420 gmail. Com  Final glidress: (to be used or future annual report notification)
For further information concerning this matter, please call:
Reynaldo Angulo at 305 331-4778  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)}

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

FILED

R & R Consultant	S. LLC 2019 MAR 20 AM 8: 04
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.)  a Limited Liability Company)  IALLAHASSEE, FI
The Articles of Organization for this Limited Liability C Florida document number <u>L18000246015</u>	Company were filed on $10/19/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, FloridaZip Code
Now Dogistored Agent's Signature, if changing Register	·

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>	Name	<u>Address</u>	Type of Action
President	Reynaldo Angulo SR.	14611 Amotto Palm Ave Miami Lakes, FL 33014	
			Remove
			Change
MGR	Reynaldo Angulo SR		Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

<u> </u>	
-	
Note: If	e date, if other than the date of filing:
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00000000000000000000000000000000000
Dated _	Signature of a member of authorized representative of a member
	Reynaldo Angulo Sr.  Typed or printed name of signee

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Filing Fee: \$25.00