L1800252010

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COVER LETTER

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eum ir.		IITED LIABILITY CORPORA	ATION			
SUBJE	CI:	:Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Craig Perkins				
		Perk Construction Inc.	Name of Person			
Perk Construction Inc. Firm/Company 539 HARBOUR RD						
		539 HARBOUR RD				
		NORTH PALM BEACH, I	Address FL 33408			
		City/State and Zip Code PERKCONSTRUCTIONINC@GMAIL.COM				
		E-mail address: (to be used for future annual report not	ification)		
For furtl	her information co	oncerning this matter, please ca	all:			
Craig Po	erkins		561 401-5984 at ()			
	Name o	f Person		ne Telephone Number		
Enclose	d is a check for th	ne following amount:				
\$25	.00 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)		

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

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records	<u>r.) </u>
(A Fiorica Chimed)	Liabitity Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/26/2018	and assigned
Florida document number L18000252010		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RKCG LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		يم
Principal office address MUST BE A STREET ADDRESS)		2019F
		ACC PE
		AF -
Enter new mailing address, if applicable:		HR - B
Mailing address MAY BE A POST OFFICE BOX		SSS
Training warress harri buril our or a red bory	· · · · · · · · · · · · · · · · · · ·	ن به الله
		F 5
	65	List.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		, enter the name of the
egistered agent and/or the new registered office address her	<u>v</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S
	Flo	orida
	City	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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		 	Remove
			Change
			□ Add
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			☐ Change
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record specifies a delayed efforms for the specifies and leading for the record in the record in the record in the second in the		ot an effective time,	at 12:01 a.m. on th	e earlier
February 8	2019			
(with.	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00