L19000011720

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COVER LETTER

TO: R	legistration S livision of Co.	ection rporations
SUBJECT	R&L BUS	INESS SOLUTIONS, LLC
	· <u> </u>	Name of Limited Liability Company
The enclos	ed Articles of	Amendment and fee(s) are submitted for filing.
Please retu	rn all correspo	ondence concerning this matter to the following:
		RAFAEL CASSIANO
		Name of Person R&L BUSINESS SOLUTIONS, LLC
		Firm/Company 1200 HEMINGWAY PLACE 302
		Address CELEBRATION, FL 34747
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
or further i	information co	oncerning this matter, please call:
RAFAEL C	ASSIANO	407 952 3783
	Name of	Person Area Code Daytime Telephone Number
inclosed is	a check for the	e following amount:
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

R&L BUSINESS SOLUTIONS, 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 Liability Company were filed on 01/09/2019 Florida document number L19000011720 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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>	Name	Address	Type of Action
AMBR	LUCIANE KEMPINSKI	1200 HEMINGWAY PLACE 302	2,50 01.46400
		CELEBRATION, FL 34747	
			Remove
			☐ Change
			Add
			□ Remove
			Change
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Effective date, if other than the date of filing:		<u></u>		··· <u> </u>	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated MAY 23 2019 Signature of a member or authorized representative of a member					
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