L19000014/33

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:			• ,	
	RST Patro	l Services LLC		
SUBJI	ECT:	at (
The en	closed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kerri Rheaume		
			Name of Person	
		SRT Operations LLC		
			Firm/Company	
		277A Pine Valley Road		
			Address	
		Saint Cloud Fl 34769		
		RheaumeKerri@gmail.com	•	
		E-mail address: (1	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	ill:	
Kerri	Rheaume		321 443-8863	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$ 2	5.00 Filing Fee		Certified Copy	Certificate of Status &

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

TO ARTICLES OF ORGANIZATION OF

RST Patrol Services LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records 1923 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on.	03-1129 APRIT P & Band assigned
Florida document number 1.19000014133		TABLAHASETE TERUS
This amendment is submitted to amend the following:		State that the man to the property of the
A. If amending name, enter the new name of the limited I SRT Operations LLC	iability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
E 4 Produktor		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address , Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent	lete performance	of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			
			Remove
		 	Change
			Remove
			□ Add
			Remove
			Change
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TOO Alian duan is albomaham aba	Anto of Clima		(optional)	
Effective date, if other than the fan effective date is listed, the date mu	st be specific and cannot be pric	or to date of filing or more th	(optional) nan 90 davs after filing.) Pursuar	nt to 605.0207
Note: If the date inserted in this b	ock does not meet the appli	cable statutory filing req	uirements, this date will not	be listed as (
document's effective date on the D	epartment of State's records	S.		
ne record specifies a delaye	d effective date, but n	ot an effective time	, at 12:01 a.m. on the	earlier of:
The 90th day after the rec	ord is filed.			
April 14th	2019			
Dated	2019			
)		 ·		
ZOAL!	L han.			
	Signature of a member or aut	horized representative of a	member	
V 10k				
Kerri Rheaume				
	Typed or prin	ited name of signee	· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00